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MENTAL INSTITUTIONS IN THE STATE OF WASHINGTON

A Report of a Survey

by

ROGER NETT

The State College of Washington



Under the direction of

T. H. KENNEDY

Chairman, Division of Social Sciences

The State College of Washington

*Submitted to the Governor, the Speaker of the House, and
Members of the Legislature, at the request of the House Interim
Committee on Institutions.*

January 1948

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Members of the Legislature, 1947 Session:

Desiring an impartial, nonpartisan, and accurate survey made of our state institutions, and with the knowledge of their problems, needs, requirements, and general administration, the Interim Committee on State Institutions requested The State College of Washington to undertake this work.

Dr. T. H. Kennedy, Chairman of the Division of Social Sciences, in cooperation with his staff, and at the direction of the administration of The State College of Washington, accepted the responsibility for conducting the study.

The study presented, herewith, concerns the following: Western State Hospital at Steilacoom, Eastern State Hospital at Medical Lake, Northern State Hospital at Sedro-Woolley, Lakeland Village at Medical Lake, and Rainier State School at Buckley. The Committee wishes to express its appreciation and thanks to the superintendents and managements of the institutions named above for their splendid cooperation and helpful assistance.

The Committee expresses the hope that with an expanding population in our state that the general knowledge of conditions, needs, and requirements for adequate buildings with up-to-date equipment and with a capable and experienced staff, will enable the Legislature to have a better understanding of the institutions, in order that proper funds may be provided for programs which will give the institutions of the State of Washington leadership among the states of the United States.

INTERIM COMMITTEE ON INSTITUTIONS

ACKNOWLEDGEMENT OF COOPERATION

THE GATHERING of the factual material herein contained or utilized, in a limited time and without staff, was made possible only by the generous and wholehearted cooperation of all of the superintendents of the mental hospitals and schools, through their own efforts, and through allowing unrestricted use of their department heads, whose response was also genuine and constructive. Responsibility for interpretation of the factual material and of the problems herein described is assumed entirely by myself, though I am indebted for many helpful suggestions and frank opinions.

ROGER NETT

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PREVIOUS SURVEYS

WHILE NO COMPREHENSIVE over-all survey has been made, the three mental hospitals of the State of Washington are constantly being surveyed in their different aspects by people representing specific groups for specific purposes. In the largest of these hospitals, in the last two years, surveys have been made by the American Medical Association, American Psychiatric Association, U. S. Public Health Service, the National Committee on Mental Hygiene, and the American College of Surgeons. Some of the surveys have been quantitative, within a particular field of interest. In addition to surveys, there have been inspections by fire chiefs, food and sanitary inspectors, agriculturists, rodent control experts, supply and accounts technicians, feed certification personnel, and other minor inspections which cumulatively tend to cover the institution. This situation is representative of such surveys of the other two mental hospitals, though in the latter they did not occur within such a brief period of time.

No comprehensive surveys have been made of the schools for the mentally deficient. Lakeland Village has undergone investigation from time to time by State authorities and admittedly untrained observers. Rainier School, which was first opened in 1939, is still in the process of initial construction, and has therefore not previously lent itself to survey, though it is for the most part a planned institution.

The mental institutions take a liberal attitude toward surveys and inspections, desiring public cognizance of their accomplishments and a chance to bring to the public mind their weaknesses, with correction in mind, especially since many of these weaknesses are due to restricted appropriations and the limitations of governmental structure embracing institutions, which cannot be corrected internally.

Self-surveys are made by each institution for biennial reports published by the Department of Public Institutions. Aside from the biennial reports, no survey findings have been filed in the State Library.

PHYSICAL PLANT, ENGINEERING, AND COSTS

EASTERN STATE HOSPITAL

Acreage: Eastern State Hospital is situated on a plot of 1,600 acres: 810 in cultivation, 45 in buildings and grounds, the balance in native pasture (rocks and brush).

Location and Area Served: The institution is located two miles south of the town of Medical Lake and between two lakes known as Medical Lake and West Medical Lake. The institution serves all of Washington east of the Cascades and houses the criminally insane and the insane criminals for the entire state.

Buildings: All buildings, except two, are of class A or B (fireproof) construction on the main station. The nurses' home, which was built in 1939, is of brick veneer. The other exception is the old laundry building, a structure with wood joists, which is, of course, not fireproof. At the time of the visits, employees were housed upstairs in this unit. At the Annex, all buildings are of class B construction except two, one which houses the kitchen (with patients upstairs), and the other which houses the boilers. Both are unsafe and should be razed.

Heating Plant: Nothing has been done to the heating plant for twenty-one years. It is a steam-coal system with two HRT (1910) 100-h.p. boilers, one 300-h.p. cross-drum water-tube boiler (1926), and one 300-h.p. four-drum Sterling (1915) boiler. The Annex has a separate heating system with two HRT 80-h.p. boilers (1900), and one 3-drum Sterling 165-h.p. boiler. This involves a double shift of firemen, with a subsequent waste in salaries. At present, this heating system is also inadequate. The use of the boilers at the Annex should be discontinued and two more 300-h.p. boilers installed in the main plant, which could now house them without enlargement. Ashes are now being taken out by hand. This is false economy, since removing ashes has no therapeutic value to the patients involved. An ash-remover system is needed. Scale problem is solved by using a water-softening plant which softens both boiler water and water for the laundry. (Make-up water for the boilers is about 15 per cent.) Coal storage capacity is adequate. Coal must be hauled by motor truck from the town of Medical Lake.

Power: Electricity is purchased from the Washington Water Power Company at a cost of less than $\frac{3}{4}$ c per kilowatt-hour. A set of transformers serves each building. The main supply line is too small. It is overloaded now, and

the power load is increasing with the installation of new ovens. Power needs can be expected to increase. The institution is on the same power meter with Lakeland Village, but the lines are independent. By putting both institutions on one meter, a lower power rate is effected. The two institutions split the power bill. Appropriations from the State for power are equal; so it is likely that neither institution suffers by this arrangement.

Water: Domestic water is lifted by two Peerless turbine pumps, electric driven. One pump has 16 impellers (stages), 1,760 r.p.m., 100 h.p., 750 gallons per minute, 420-foot head, laboratory efficiency 90 per cent. The other has 13 impellers (greater pitch, however), 125 h.p., 900 g.p.m., 420-foot head, laboratory efficiency 87 per cent. Wells have 10-inch casings, 8-inch column of water, 3-inch core. Pressure at pumps is 85 pounds per square inch. Chlorine is injected under pressure. The chlorinator has been recently replaced. There is nothing to stop the action of the chlorinator when the pump stops. This is potentially an unsafe condition. Pumps were overhauled last year (life expectancy of pumps is ten years). A larger water main is needed from reservoir to buildings, as the present one is beyond capacity, causing a pressure drop. This would best be solved by having a water-main tie to the line that goes to Lakeland Village, which gets its water from Eastern Hospital. Also (through separate mains), these wells supply water to the town of Medical Lake (600 population), which pays about \$1,800 per year to the State of Washington for this service. The pump man alternates pay rolls between Eastern Hospital and Lakeland Village (one year on each pay roll). Water supply is adequate for both institutions and the town. The water has never been contaminated. Raw water samples are taken once monthly. The cistern holds 1,000,000 gallons, or only about half a day's supply of water. Irrigation water is pumped from West Medical Lake by two pumps: one Fairbanks-Morse 3-inch centrifugal, 4,000 g.p.m., 200-foot head, 30-h.p. motor at 3,600 r.p.m., and one American-Marsh centrifugal 4-inch, 25 h.p., 750 r.p.m., 550 g.p.m., 105-foot head. Pumps are 75 per cent efficient by engineering tests. The quantity of irrigation water is considered adequate.

Sewage Disposal: Sewage is treated in a septic tank. Effluence, which indicates that the tank is functioning properly, empties into West Medical Lake. Plumbing is *inadequate* in older ward buildings.

Security Installations: Security installations are limited to detention windows and heavy screens on windows and porches of the building for the criminally insane, which was built in 1912. Since all of the insane criminals in the state are housed here, greater facilities for their security should be provided.

Refrigeration: Unit refrigeration is new and adequate. An old Frick system operates at the Annex.

Laundries: The laundry building and equipment are ample, laundry machines having been recently acquired from war surplus. There are nine paid employees in the laundry, which also employs patients.

Communications: PBX system with 100 phones is switchboard-operated. Communication equipment is adequate.

Transportation: Six passenger cars, thirteen trucks, one fire truck, one bus, and three motor dollies make up the vehicular transportation unit. The institution does its own garage work except for major overhaul.

Roads: Are surfaced and in good repair.

Fire-fighting Facilities: There is one fire truck and stirrup pumps to carry manually. Stirrup pumps are on hand in the buildings. The institution can call on the town of Medical Lake, which has a fire truck, in the event of fire.

Fire Hazards: The two buildings at the Annex, housing employees and patients, which were built at the turn of the century, are not fireproof and have stairways and laundry shafts that would serve as flues should they catch fire. One of these buildings has wood-lath walls. These buildings are of the same fire specifications as the one that burned at Western State Hospital in March, 1947.

Management of the Physical Plant: There are twenty-two paid employees under the engineer: one assistant engineer, one machinist, one plumber, two electricians, one auto mechanic, one pump man, seven firemen, three carpenters, two painters, one handy man, and two relief men. Specialists are hired (part-time) as needed.

Buildings Urgently Needed: (1.) Cottages for doctors and a dormitory to house employees. (2.) a geriatrics building. (3.) A new building for the criminally insane and insane criminals.* (4.) A recreation building with gymnasium.

WESTERN STATE HOSPITAL

Acreage: Western Hospital is situated on a plot of 850 acres: 214 in cultivation, 144 in buildings and grounds, 125 in recreational area, the balance in brush and native pasture.

Location and Area Served: Western State Hospital is located ten miles southwest of the city center of Tacoma on the site of old Fort Steilacoom. It serves that part of Washington which includes the southern half of King County and the area south of King County and west of the Cascades.

Buildings: Both the administration building and the largest of the ward buildings are class A (fireproof) constructions of the most modern type. The new nurses' home, the new geriatrics building, the employees' dormitory (1939), and three ward buildings (1890) are of class C non-fireproof

*With this much new construction, the two 1904 firetrap buildings at the Annex could be razed. These buildings were discontinued once, but were put back into service when a building at Western State Hospital burned in March, 1947, and some of the patients were brought to Eastern State Hospital.

construction. Unit dwellings are frame. Other buildings are class B semi-fireproof.

Heating Plant: Coal-steam heat is used with two Sterling 250 h.p., 1910 boilers, one PSMD 350 h.p., 1934, and one PSMD 650 h.p. (new). There are too many elbows in the feed water system, making it necessary to keep an abnormal amount of pressure on feed water pumps, which results in too frequent overhaul of these pumps. Boiler water is naturally soft; thus there is no scale problem. The present ash remover is old and needs replacing. The power house needs an elevator or closed ladder. The present ladder becomes slippery and is a constant threat to both paid workers and patient help. The Hill ward has its own heating plant, an old Birchfield water system. Dairy has an Erie 25-h.p. boiler. Both the Hill plant and the Dairy plant are inadequate and need replacing; the main heating plant would handle them if steam lines were extended. The greenhouse has an oil heating plant.

Power: Electricity is purchased from Tacoma City Power and Light at a cost of less than $\frac{3}{4}$ c per kilowatt-hour. Power lines are adequate. Transformers are added as buildings are built. Lighting is near adequate except in condemned ward buildings.

Water: Domestic water is lifted by two Layne and Bowler 5-stage pumps, 60 h.p., 55-foot head, 750 g.p.m. at 1,200 r.p.m., 9½-inch column of water, 80 p.s.i. at pumps. One well is 600 feet, the other 1000 feet. The pumps have recently been renewed and are good for about ten years. The domestic water is inadequate by at least 50 per cent; one or two more wells and pumps of the same size should be added. The water from the wells is pure and hence chlorination has not been necessary. Raw water samples are run twice monthly by the State Health Department. Domestic water is also obtained from an artesian well with a 10-inch centrifugal booster pump, 150-foot head, 100 h.p., 1,250 g.p.m. Water from this well is chlorinated. Storage tanks hold 700,000 gallons or *only one-third of a day's supply of water*. Irrigation water is obtained from a small lake on the institution's premises. It is pumped with a 50-h.p. centrifugal 10-inch, 100 g.p.m., 10-foot head. Another water line and booster pump is needed; at the present, irrigation water pressure drops.

Sewage Disposal: At present, raw sewage flows through a 12-inch line into Puget Sound. It is reasonable to assume that the Health Department will eventually force discontinuance of this policy. Plumbing is adequate except in condemned ward buildings.

Security Installations: Security installations are limited to detention windows on ward buildings.

Refrigeration: The refrigeration unit (an ancient Frick compressor) needs to be replaced.

Laundries: The laundry has eight paid employees, with 110 patients assisting. The institution makes its own soap from inedible tallow. The laundry building is modern, but needs enlarging by about one-third. Machinery is adequate, except for the mangles which need replacing. Western State Hospital also does the laundry for the State Soldiers' Home, which has a population of some 200. A laundry should be provided for the State Soldiers' Home to relieve the load at Western State Hospital.

Communication: Switchboard is obsolete and too small, and should be replaced. The institution has only three trunk lines, with a volume of business which warrants at least three more.

Transportation: Sixteen trucks, two ambulances, one fire truck, eight passenger cars, one station wagon, and one bulldozer make up the vehicular unit. Trucks sit out in weather. Shelter should be provided for them, thus avoiding undue depreciation.

Roads: Roads in most areas are surfaced.

Fire Prevention: Fire-fighting facilities consist of one fire truck, three reel carts, and fire hoses in all wards except the new geriatrics building. Soda-acid extinguishers are in all wards. In a fire drill observed, it took 3½ minutes to have a fire truck at one of the more distant wards, the hoses running, and the patients evacuated. When a ward building burned last March, 400 patients were evacuated in an orderly manner, and twelve neighboring fire departments arrived within twenty-five minutes. Fire drills are held at a fixed time once a week; at any other time when the whistle blows, it means an actual fire. Water storage for fire is *inadequate*. Boundaries are safeguarded by plowed fire guards, some six to ten feet wide. This is done regularly.

Fire Hazards: Older, non-fireproof ward buildings have doors opening inward, and, in one instance, employees live in a class C (non-fireproof) building, above a paint shop (flammable), with no fire escape and only one stairway.

Management of the Physical Plant: Under the engineer are thirty-eight paid employees: six carpenters, seven firemen, two plumbers, three electricians, two auto mechanics, eleven handy men, eleven painters, one glazier, and two steamfitters. About eighteen patients assist engineering in various capacities.

Buildings Urgently Needed: (1.) Ward buildings for both men and women. (2.) Cottages for doctors and quarters for night employees. (3.) A refrigeration plant. (4.) Extension of laundry and commissary buildings. (5.) A research and diagnostics building. (6.) Additional pumps and water storage. (7.) A gymnasium and recreation building with increased facilities for indoor recreation.

NORTHERN STATE HOSPITAL

Acreage: Northern State Hospital is situated on a plot of 1,108 acres: 125 in buildings and grounds, 227 in cultivation, 120 in permanent pasture, and the balance in native pasture and woods. Twenty-nine acres are under water but being reclaimed.

Location and Area Served: Northern State Hospital is located three miles northeast of Sedro-Woolley. Northern State Hospital serves that part of Washington which includes the territory north of a line through the approximate center of King County and west of the Cascades.

Buildings: The buildings are fireproof (reinforced concrete) with the exception of an employees' frame dormitory and single-family dwellings, which are also frame. Roofs are tile on concrete and wood beams.

Heating Plant: The institution has coal-steam heat: one PSMD (B&W) boiler, 330 h.p., 1927, one PSMD 360-h.p. boiler 1933, and two McNault boilers, 225 h.p. each, 1910 and 1912. The boilers are in poor condition. The oldest boilers should be replaced. Ashes are taken out by hand, with the result that patients are standing in water in cramped subterranean quarters. This condition should be immediately remedied. Mineral deposits in the water are hard on boiler tubes and pipes. The dairy, the cannery, the greenhouses, the farm ward, and the cottages have individual steam or hot-water heating units.

Power: Power is obtained from Puget Sound Power and Light at a cost of less than $\frac{3}{4}$ c per kilowatt-hour. The institution has two Morse steam turbines, 300 kw. each, that are now out of use, but could be used in emergency. Lighting is *inadequate* in virtually all buildings.

Water: Domestic water is pumped from two wells: one well, 85 feet, 350 g.p.m., 1,760 r.p.m., 15 h.p., five stage, 6-inch column of water; the other well, 550 g.p.m., 85 feet, 1,760 r.p.m., 25 h.p., four stage, 10-inch column of water with 6-inch discharge. Water is pumped to a spray tower where two 350 g.p.m., 30 h.p., centrifugal pumps pump it through filters. The water contains so many impurities that filters have to be back-flushed every forty-four hours. Raw water samples are taken once a week. Water is chlorinated heavily (about fifteen pounds per day). Iron sulfide in the water stains the plumbing. Pumps, spray tower, filters, and chlorinator are all newly installed. Domestic water is adequate. Reservoir holds 3,000,000 gallons, or about five days' supply of water. Water pressure on mains is 70 p.s.i. Rainfall is in excess of seventy inches annually, and irrigation is not practiced in any great measure. Irrigation or fire-fighting water may be pumped from creek with a fire pump.

Sewage Disposal: Sewage goes through a septic tank and then through filters. Effluence empties into a small river. The septic tanks are old as well as small and will soon have to be replaced. Plumbing is inadequate and in bad condition throughout the institution. One tub and shower in one instance

serves 87 patients. No water is piped into ward treatment rooms. Plumbing should be rebuilt and enlarged.

Security Installations: Consist of detention windows on ward buildings.

Refrigeration: Refrigeration plant consists of an old Frick ammonia system. This unit needs replacing. The farm annex kitchen has an ammonia Frigidaire. The morgue has a General Electric freon system.

Laundries: The laundry building and equipment are new and ample. Seventy-five patients are employed under supervision.

Communication: PBX system has 100 phones—a sufficient number. There are two trunk lines and two more are needed.

Transportation: The institution vehicular unit has seven trucks, five cars, one ambulance, and one jeep. Only minor garage work is done. Major repair work is "farmed out."

Roads: All roads are surfaced except farm roads; these should also be surfaced.

Fire-fighting Facilities: Western State Hospital has no fire engine; the only excuses for equipment are two hose carts and one fire pumper. Pressure on mains is 60 to 70 p.s.i.; the pumper will boost this. Fire mains at the farm are low-pressure; they need reduction and a smaller hose. In case of fire, help might be received from the town of Sedro-Woolley in about ten minutes.

Fire Hazards: The frame building housing employees is crowded and constitutes a fire hazard.

Management of the Physical Plant: The engineer has fourteen paid employees, excluding the painters and carpenters who function under a separate department. Under the engineer are an assistant engineer, four firemen, two plumbers, two electricians, and five handy men. Fifteen patients assist the engineer in various capacities.

Buildings Urgently Needed: (1.) Ward buildings for both male and female patients. (2.) Employees' housing and extension of present nurses' home. (3.) A recreation building with gymnasium and bowling alleys for both patients and employees. (4.) A modern treatment building. (5.) A new kitchen building.*

LAKELAND VILLAGE

Acreage: Lakeland Village is situated on a plot of 1,228.4 acres, 577 of which are in cultivation, 37 in garden, 45 in buildings and grounds, and 569.4 in native pasture (rocks and brush).

*The present kitchen could never be extended to make an ideal modern kitchen, and the present kitchen area could be used to good advantage for increased activities.

Location and Area Served: The institution is located two miles south of the town of Medical Lake and between two lakes known as West Medical Lake and Clear Lake. The institution serves seventeen counties of Washington east of the Cascades.

Buildings: The buildings are, with the exception of farm buildings, class B concrete slab with tile roofs and are considered to be fireproof.

Heating Plant: There is coal-steam heating from two HRT 125-h.p. boilers, hand-fired, and one Sterling 300-h.p. stoker-fired boiler. Ashes are removed by hand. Heating is *inadequate* at maximum capacity in cold weather. There is room in the power house for another 500 h.p. boiler, which should be obtained and installed. Some dormitories do not have enough heat and operate in the winter with room temperatures below 50° F. This is especially undesirable since many of the patients are inactive. Under the present arrangement, it would be a critical situation if one of the boilers underwent serious derangement during a period of sub-zero weather. The mineral content of the domestic water is high. No provision is made for using distilled or even soft water in the boilers; boiler scale is a problem even with chemicals. The present heat line does not distribute heat evenly and individual units cannot be controlled with any degree of satisfaction. A new circular heat line is needed. Coal must be hauled by motor truck from the town of Medical Lake.

Power: Electricity is obtained from the Washington Water Power Company, and is on the same meter as the Eastern State Hospital (an arrangement which effects a cheaper power rate). The lighting system throughout the institution is inadequate and cannot be enlarged until larger power lines are installed to the meter.

Water: Domestic water is obtained from the pumps at Eastern State Hospital and is adequate in all respects. (There is a full description of this under Eastern State Hospital, *Domestic Water*.) For irrigation water, Lakeland Village has a pump at Clear Lake, two miles away, with an 85 h.p. electric-driven Gould Triplex positive displacement pump. Maximum capacity is 2,000,000 gallons per week. This pump is in operation from June 1 to September 15, under normal conditions.

Sewage Disposal: Sewage goes through a septic tank which is too small to allow the volume of sewage to decompose in any great measure. The effluence pours into West Medical Lake. One of the dormitories is too low for the sewer and sewage backs up into the toilets on the first floor. Culinary sewage simply flows out onto the lawn where it pollutes the air in summer. West Medical Lake is a stagnant lake about one-half by one-fourth mile in size. It also catches the effluence from the Eastern State Hospital septic tanks. Livestock belonging to the institution drink out of this lake. More satisfactory sewage disposal should be provided. Gravity would allow the sewage to go through filtration beds and drain into Clear Lake after proper treatment.

Security Installations: The institution has no security installations other than heavy screens on ward windows. Only thirty-seven male inmates are at present restricted from ground privileges.

Refrigeration: Refrigeration has recently been rebuilt and is ample.

Laundries: The laundry is *inadequate* both as to space and machinery; the amount of laundry is at present curtailed because of this, working a hardship on the institution. The laundry has one paid employee and uses a maximum of patient help. A new laundry should be provided.

Communications: There is a newly installed dial system of eight-five phones, which is ample.

Transportation: The institution has three passenger cars, one bus, and seven trucks. It does its own garage work except for major overhaul.

Roads: Driving areas around heating plant need surfacing to keep down dust and dirt from refrigeration and food-handling areas nerby.

Fire-fighting Facilities: The fire shed at Lakeland Village has hand wagons and chemical carts. Each floor of the dormitories has a soda-acid type of extinguisher. A fire engine could arrive from the town of Medical Lake in ten minutes. Only two dormitories have fire hoses (in these instances on all floors). Dormitories have no fire escapes and in most instances have only one door. As previously stated, buildings have wood floors over concrete slab, and are relatively fireproof; a fire could, however, result in suffocations where there is but a single escape. Fire escapes should be provided.

Fire Hazards: (1.) The school paint shop is located in the basement of one of the dormitories, jeopardizing the whole of the woodworking shop. (2.) Barrels of oil, turpentine, and inflammable cleaning fluid are stored in the basement of a building housing shops, the place for band practice, and employees' quarters. This is made necessary because storage facilities for the inflammables have not been made available elsewhere.

Management of the Physical Plant: Under the engineer are eleven men: three firemen, two carpenters, two painters, one plumber, one welder, one pump man, and one electrician. Engineering is contacted through a written trouble report.

Buildings Urgently Needed: (1.) A kitchen and dining room building. (2.) A laundry and sewing building. (3.) Employees' quarters; especially for married couples. (4.) Wards to house the group requiring custodial care, and the nursery group. (Attendants are now having to carry "boys" weighing 200 pounds down two flights of stairs.)

Also Needed: (1.) Revised heating system, increased lighting throughout, and improved sewage disposal and plumbing. (2.) Housing for single employees; cottages for superintendent, assistant superintendent, doctors, and plant manager. (3.) An enlarged hospital building to meet a medical pro-

gram. (4.) Enlargement of the present school building or another school for girls. (5.) Fire escapes on wards and an elevator in the commissary building. (6.) Surfacing of roads on institutional premises. (7.) Farm buildings.

RAINIER STATE SCHOOL

Acres: Rainier State School is situated on 1,300 acres: 25 acres in buildings, grounds, and roads; 200 acres in cultivation (however, more are being added by clearing and draining), and the balance in pasture land and woods.

Location and Area Served: Rainier State School is located two miles east of the town of Buckley. It serves that part of Washington west of the Cascades.

Buildings: All buildings other than farm buildings and single-family dwellings are class A fireproof.

Heating Plant: There is a coal-steam heat with one B&W Sterling 250 h.p. (1940) boiler and one Erie Sterling 250 h.p. (1940) boiler. There are stokers and an ash conveyor. The institution does not have correct meters and instruments for tabulating engineering efficiency. In this instance, such would be profitable. The farm ward has its own steam unit.

Power: Electricity is obtained from Puget Sound Power and Light at a cost of less than $\frac{3}{4}$ c per kilowatt-hour. Lines, wiring, and lights are adequate.

Water: Domestic water is obtained from mountain streams by gravity (no booster pumps). For emergencies, there is a deep well: 30 h.p., 250 g.p.m., 1,750 r.p.m., 3 stage, 150-foot head, 6-inch discharge. Domestic water is chlorinated. Raw samples are sent twice monthly to the Health Department. Reservoirs are modern and will hold 3,750,000 gallons or twenty days' normal supply. Limited irrigation is with domestic water; rainfall is heavy.

Sewage Disposal: Sewage goes into septic tanks and to filter beds. Effluence flows into a small river. Sewage disposal facilities will soon be inadequate. (Pipes and septic tanks are not increasing with the population.) Plumbing fixtures are adequate at normal capacity, but are crowded at present overpopulation.

Refrigeration: There is a Baker freon system—two units. Individual Frigidaires are used where needed.

Laundry: The laundry at present is ample. Patient help is used under supervision.

Communications: There is a PBX system with at present forty-four phones and three trunk lines. Communications are adequate.

Transportation: The institution has one fire engine, two cars, seven trucks, and three motor scooters.

Roads: Except for the entrance to the School, the roads are not surfaced.

Fire-fighting Facilities: There is one fire engine; carbon dioxide extinguishers and fire buckets are kept in the buildings. Fire mains are still under construction. Fire drills are held once a week.

Management of the Physical Plant: The engineer has twenty-three paid employees: two carpenters, two painters, two plumbers, one electrician, four firemen, two mechanics, and eight detail men.

It must be remembered that this institution is still in the process of initial physical construction in virtually all of its phases. If the institution is completed within the standards under which it is now being built, it will need approximately the following construction: (1.) Eight ward buildings (25 per cent of which statistically must be custodial). (2.) A medical unit for diagnosis and research. (3.) Four smaller cottages to be used in individualizing boys and girls prior to experimental leave. (4.) More adequate employees' housing. (5.) A modern mechanized farm. (6.) Duplication of present education and recreation building for girls. (The present one will be large enough for half of the population expected five years from now.) (7.) Enlarged utilities to meet the needs of the institution at its *expected* population .

COSTS

The five mental institutions represent a capital investment by the State of Washington of nearly \$20,000,000.

At the close of the biennium ending September, 1946, the average daily per capita cost of salaries, wages, and operations was only \$1.13 for mental hospitals and \$1.20 for schools for the mentally deficient. Present costs are approximately 40 per cent higher, or below \$2.00 per patient-day. This figure is below standards for mental hospitals.

Institutional farms earn annually in excess of one-half million dollars at figures below wholesale prices.

Federally-operated mental hospitals in this same area are at present spending \$5.70 per patient-day. While the State makes a favorable showing for its expenditures, no amount of efficiency can compensate for this great difference in expenditure.

The capital investment by the State of Washington would have to be more than doubled to bring the institutions up to ideal physical standards with research facilities.

FARMS

EASTERN STATE HOSPITAL

AT EASTERN STATE HOSPITAL there are 810 acres in cultivation. Two hundred and fifty acres are irrigated; eighty acres are in garden. There are 113 Holstein cattle, seventy of which are being milked. Dairy barns and equipment are modern and of ample size. The creamery and pasteurization equipment is new and adequate. At present there are 135 pigs. The number was recently reduced because of inadequate housing and Bang's disease. The number will again be increased as new housing is made available. Thirty-five hundred chickens are kept during the laying season. Chicken housing is old and does not enable rat control. The oldest chicken houses are being torn down, and new chicken houses should be provided. In 1947, four hundred turkeys were raised. Hay and feed storage is ample, but machine sheds are needed. The farm has four round-wheel-type tractors and one crawler-type tractor. The institution uses available information on animal husbandry from the State College, and follows the Federal farm program of crop rotation, which is now outlined through 1950. The farm manager has eleven paid employees: two herdsmen, one poultry man, one swine man, two truck drivers, and five farmers. Two hundred patients put in a six-hour day on the farm during the work season.

WESTERN STATE HOSPITAL

At Western State Hospital, there are 214 acres under cultivation: one-half is in garden and orchard, and the other half is in field crops. Western State Hospital has one of the outstanding Holstein herds in the world, with more than one hundred cows averaging above five hundred pounds of butter fat per year, and has produced the greatest milk-producing cow of all time—Steilacoom Prilly Ormsby Blossom (258,730 pounds of milk in 13 lactations). This herd was developed over a period of some thirty years from an originally tubercular stock and is an example of the efficiency and zeal with which this institution functions. There is a total of 230 cattle. Dairy barns are modern and ample except for a shelter needed for young stock. The creamery is satisfactory except for a condemned wood-fired boiler which should be discontinued and a steam line run to the creamery from the main heating plant. There are at present 877 pigs (Duroc Jersey Red), 9,714 chickens, 1,860 turkeys, 57 ducks, and 1 horse. Hog farrowing houses and chicken brooder houses are needed. Seven tons of turkeys were sent to other

institutions at Thanksgiving. Chickens and turkeys are hatched for other institutions. The farm mixes its own feed. There are under the farm manager fifteen paid employees: four poultry men, one swine man, one slaughterhouse man, one creamery man, two gardeners, and six herdsmen. Two hundred patients put in a six-hour day with the farm the year around. More are used for harvesting crops. The farm has one crawler-type tractor and three round-wheel tractors. The Federal conservation program is followed in an advisory capacity as the institution sees fit. Agriculture classes come from the colleges to compare notes on animal husbandry.

NORTHERN STATE HOSPITAL

At Northern State Hospital, there are 227 acres in cultivation: 52 in orchard and berries, 50 in garden, and 125 in hay crops. At present there are 171 head of Holstein cattle, 79 of which are milkers. Dairy barns are ample, but loafing barns are needed. There are 426 pigs, 4,600 chickens, 97 sheep, 12 goats, and 6 horses. Attention should be given to rebuilding chicken and pig houses which are in "farm B" condition. Machinery sits out in the weather for want of machine sheds. Soil is very fertile and rainfall is heavy; irrigation is not generally practiced. There are under a farm manager twenty-three paid employees: three herdsmen, one swine man, one poultry man, five farmers, one gardener, one horticulturist, one cannery man, and nine detail men. Thirty patients work with the animal husbandry division. About sixty others work for the farm in some capacity. Patients put in about six hours in good weather. The farm has three round-wheel tractors; crop rotation is followed.

LAKELAND VILLAGE

At Lakeland Village, there are 577 acres in cultivation, with more than 100 acres irrigated, and 37 in garden; the remainder are in hay crops. There are 489 pigs and 1,800 chickens. The dairy barn is in good repair but other farm buildings are generally run down. Milk cooling and pasteurization must be accomplished in a room twelve feet square, with several workers operating at one time at very close quarters. Farm machinery sits out in the weather for want of a building. The chicken houses are of the saddest type, being frame sheds without floors. Hog housing is both inadequate and poor. Rat control is impossible in these buildings. A creamery building, machine sheds, hog and chicken housing, and straw sheds should be provided. The farm uses agricultural information from the State College so far as its physical facilities will permit and follows the Federal program for crop rotation. A farm office building with shower facilities and farm-hand shelter is most urgently needed; at present there is no place for farm workers to spend slack time in cold weather. Root cellars and storage for garden produce are poor and inadequate. The farm has two crawler-type tractors and three

round-wheel tractors. Under a farm manager are nine paid employees: two farmers, two herdsmen, one poultry man, one swine man, and three gardeners. Upwards of one hundred patients work for the farm during the crop season.

RAINIER STATE SCHOOL

At Rainier State School, there are 200 acres in cultivation, and more land is being cleared. About twenty-five acres are in garden, and nine in orchard. There are 140 head of cattle, fifty of which are milkers. There are 1,400 chickens and 125 hogs. The chicken and hog houses are makeshift and inadequate. The dairy barns and creamery are ample at present, but loafing sheds are needed. Root houses and a slaughterhouse are needed. The farm buildings at this institution should be built to accommodate the institution at the size it will be in five to ten years. It would be better economy to make a modern farm plant than to continue in a hapazard and laborious fashion with "farm C"-type buildings. The farm has seven paid employees who are to be organized under a farm manager. Deer damage the young orchards and garden, and, on occasion, wild bears in the area have killed hogs on the institutional grounds.

The institutional farms (with the exception of Rainier State School, which is still in a stage of initial development) produce food valued at \$140,000 to \$230,000 per farm during a biennium (at prices 30 per cent below wholesale). The greatest value of the farms lies not in dollars, but in the fact that they insure fresh and wholesome food for the institutional personnel at all times, and enable self-sufficiency in time of war and major crises. Commercially procured fresh food has not always been found satisfactory, especially in times of economic inflation. Institutional dairies strive for quantity of milk at reasonable cost and animal improvement rather than the lowest cost of milk. Costs of producing milk, however, are very reasonable. Records are kept on animals, giving data on increases by birth, purchases, sales number of slaughterings, deaths, and causes of death. Monthly reports are made. Farm managers for the most part are men trained in scientific agriculture in addition to having practical experience.

FOOD AND FOOD ADMINISTRATION

EASTERN STATE HOSPITAL

AT EASTERN STATE HOSPITAL, there are, under a dietician, twenty-seven paid employees: twelve cooks, one butcher, one baker, nine dining room girls, and four kitchen workers. Patient help is used in preparing food for cooking. The dietician has a degree and graduate work in dietetics. The main kitchen has adequate room and is up to date in machinery and facilities for sanitation. Due to faulty engineering, it is located on the second floor (above the ground floor) with but one small elevator to bring up supplies. Refrigeration is ample. Sanitary conditions in food handling are in keeping with hospital standards. Food for employees and patients is both wholesome and adequate. There are three employees' dining rooms: a large one for staff and attendants, a small one for kitchen help, and a small one for engineers and workers who do not want to bring soiled clothes into the main employees' dining room. Patients have two main dining rooms, each seating 300. There are twenty-two ward dining rooms. The main kitchen cares for 1,700, but could care for more. In addition, there is a kitchen at the Annex which is not designed for either convenience or sanitation, and from which 400 are now fed. If the problem of food transportation to the Annex could be solved satisfactorily, only the main kitchen would be used. The bakery is modern, has good lighting and ample space.

WESTERN STATE HOSPITAL

At Western State Hospital, the kitchen is under a Food Administrator, who was hired on a basis of success in commercial food-handling. Under the Food Administrator are thirty paid employees: one dietician, eleven cooks (one a head cook), two butchers, two bakers, two dining room supervisors, seven dining room girls, one vegetable supervisor, and four kitchen workers. One hundred to one hundred and thirty patients are used in preparing and preserving food. The kitchen is modern in machinery, arrangement, and facilities for sanitation. This year, the kitchen and food service program ranked highest in nation-wide institutional competition in a contest sponsored by the magazine *Institution*. It ranked fifth in competition with leading hotels in the nation, a most rigorous type of competition. Refrigeration is very old and in bad repair, and refrigeration space is inadequate by about

50 per cent. Refrigeration should be rebuilt and enlarged. The area around the kitchen and dining room building is surfaced to keep dirt and dust from the food-handling area. The butcher shop and food-chopping space is ample. Vegetables are peeled in a separate building near the farm before they are brought to the kitchen. Cooking is by steam and electricity. The bakery is modern and ample. There are four employees' dining rooms: a staff dining room seating 12, a personnel dining room seating 200, and two dining rooms for kitchen help, seating 12 and 32. There are thirty ward dining rooms seating 50 to 100, and a male patients' dining room seating 600. Food satisfaction is insured by a complaint system whereby the ward immediately notifies the Food Administrator, who personally at the scene of the complaint tests and eats the food, giving judgment to its fitness. If it is the patient's imagination that the food is bad, he is reassured by this procedure; if the food *is* bad, the cause is determined and remedied. An accurate account is kept of garbage by all dining rooms and reports are submitted daily. Garbage has in this way been reduced to less than one-quarter pound per patient-day. The food wagons, which are old and open, should be replaced. Surplus food products are canned, pickled, and dried. Food handlers receive special physical examinations, and food and meat are inspected regularly. Special diets are made up on the ward. Food costs are about one-third of the total per capita cost.

NORTHERN STATE HOSPITAL

At Northern State Hospital, the Food Service Manager has twenty paid employees: two acting dietitians, one baker, one butcher, twelve cooks, and five dining room supervisors. About 35 male patients work in food preparation and 15 female patients serve in the dining room. Vegetables are peeled at the farm before being brought to the kitchen. The main kitchen cooks for 2,300. A kitchen at the farm annex cooks for 100. A diet kitchen feeds approximately forty-five patients. One cafeteria serves all employees. There is one patients' cafeteria serving 500, two patients' cafeterias serving 250 each, and eighteen ward dining rooms serving an average of 60 each. Food carts are open and in bad repair; they should be replaced. The kitchen floors are badly worn. The kitchen range has been in service since 1915. Steamer kettles leak, and storage space is most inadequate. The bakery has old wood-and-coal-fired ovens. Bread is stored on wooden racks. Refrigeration compartments are in bad repair and the brine-ammonia system is obsolete and worn nearly beyond use. With these physical conditions, hospital standards of sanitation cannot be kept, although they are kept as well as the facilities permit. A new kitchen and refrigeration plant is urgently needed. At the farm annex, a wood-and-coal range is used for cooking. Here again, sanitation is as good as facilities will permit. Food is wholesome, tasty, and ample as to quantity.

LAKELAND VILLAGE

At Lakeland Village, under the dietician are sixteen paid employees: seven cooks, one baker, one butcher, one kitchen woman, and six dining room attendants. About ninety boys and girls are used in preparing food. Kitchen room is *inadequate* and the kitchen is spread over several small rooms so that workers inconvenience one another at close quarters. The kitchen storeroom is too small. Refrigeration is new and ample, but is in another building not very accessible to the kitchen. The bakery is too small, has wood-fired ovens. Lines are being put in for electric ovens. Bread is stored in wooden cupboards. A bread slicer and wrapper is needed, as the children handling unwrapped bread frequently do not understand the finer points of cleanliness. Special diets must be prepared for fifty to sixty. Four hundred additional persons in the custodial group require special precautions such as removing the bones from chickens and the pits from prunes. There is one employees' dining room feeding ninety at a time. There are four patient dining rooms of 200 capacity each, and six hall dining rooms feeding twenty to ninety. (Their capacity is about half of that.) The ward dining rooms are adapted to the needs of the particular group which they feed. Most dining rooms have to feed two shifts. A new kitchen and dining room building should be provided and the present kitchen space, which is in the administration building, should be made over into needed space for administrative purposes. Food is good, both as to quantity and quality.

RAINIER STATE SCHOOL

At Rainier State School, the kitchen is new and modern. The Food Service Manager is a registered dietician. Under her are ten paid employees: one baker, one butcher, four cooks, and four aides. Fifteen patients help in food preparation and serving. The peeling room is in the kitchen area; plans are to move it to the farm area upon completion of the cannery building. The kitchen needs more equipment: kettles, ovens, and another dishwashing machine. Bakery ovens should be increased by 100 per cent. Refrigeration is new and adequate, and the kitchen storeroom is ample. One kitchen prepares food for all, including food for special diets. Sanitary conditions are maintained and the food is tasty and sufficient as to quantity. One employees' cafeteria seats eighty. Eight ward dining rooms serve from 20 to 155, averaging 100.

SUPPLY AND ACCOUNTING

SUPPLY is standardized under a State Division of Purchasing. There is every evidence that this arrangement is working with simplicity and efficiency as concerns the institutions. A few minor problems arise; for example, institutions feel that the pre-auditing system used is unfair in tying up their funds, goods being as unpredictable as they are under present economic conditions.

Accounting: Accounting is standardized throughout the state, with certified accountants. There is every evidence that they do their work well. It has repeatedly been brought to the surveyor's attention that payday is erratic, sometimes falling on the seventh of the month and sometimes as late as the seventeenth. The fact that it is unstable causes ill will among employees who frequently must live from payday to payday, and who commit themselves to obligations on a given date. If payday is early one month, it will be naively assumed by some employees that it at least will be on time the next month, and the employee is apt to find himself with obligations for the tenth of the month and no pay check until the fifteenth. The institution accountant frequently becomes the object of his animosity, though he has been prompt in sending in the pay roll. It would be better to have payday standardized at a later date than to have it so unpredictable.

War Surplus: Mental institutions fared reasonably well in obtaining such war surplus items as laundry equipment, clothing, and hardware at a nominal cost.

Salvage: Every effort is made to conserve materials. Glass, metals, bricks, and wood become salvage items, which are reused or sold as junk.

EASTERN STATE HOSPITAL

At Eastern State Hospital, the commissary building is fireproof and ample in size and facility. The supply manager is assisted by one storekeeper. No patients assist. All supplies except fuel and feed are kept in one building. Inventory is made regularly in weekly installments, and new supplies are put behind old supplies. A stock number system is used. Only the superintendent surveys damaged articles. Damage is not excessive. Wards submit want lists which are consolidated before request is sent to the State office. Upon receiving or issuing supplies, they are brought to a central checking area and redistributed. This effects a double count. Prices are kept in both

the commissary and the accounting office. Theft is virtually impossible since all supplies are handled by two qualified persons.

WESTERN STATE HOSPITAL

At Western State Hospital, the commissary building is fourteen years old. The basement and first floor are concrete; the second floor is of wood and has wood joists. Only the basement could be considered to be fireproof. The supply man has one paid storekeeper, and four patients are used as assistants. The size of the building is *inadequate* by at least 50 per cent. Food at present has to be stored in seven employee garages and a ward basement. Inventory is made every time the stock card is full (every twelve issues). Old supplies are placed in front of new; since space is so limited, this involves excessive handling. A stock number system is used. Wards submit a want list every two weeks. A recap is made of these in ordering from the central supply agency. Ingoing and outgoing supplies are brought to a receiving room, effecting a double count. Upon receiving, storekeepers sign for undamaged articles only. Damaged and spoiled articles are surveyed by the Business Manager, who seeks an adjustment with the party from whom purchased, if the situation warrants. A receiver's report is filed in both offices. Although the commissary building has a shaft for an elevator, there is no elevator. Supplies are lifted by block and tackle. An elevator should be installed in the shaft provided, and the building enlarged to fit the institution's needs.

NORTHERN STATE HOSPITAL

The commissary building at Northern State Hospital is reinforced concrete with wooden balcony, stairways, and roof. It is at best semi-fireproof. The building is little more than 50 per cent of needed size. Three carloads of canned goods are stored in the basements of ward buildings. There are three paid employees, with two patients lending assistance. Inventories are made every two years, requiring a two-week period during which the commissary is closed. Supplies are classified by number. Ward want lists are submitted every two weeks. Incoming and outgoing supplies are brought to a central checking area and redistributed, effecting a double count. Received items are checked back on the purchase order. Freight bills are kept in a separate file.

LAKELAND VILLAGE

The commissary building at Lakeland Village is relatively new and fireproof, but about one-half of what would be ample size. Larger trucks cannot get to the delivery door of the building because of its location in relation to the other installations. The door should be relocated. Supplies are kept on

three stories. There is a shaft for an elevator, but no elevator. One should be installed. Since room is inadequate, supplies are kept in several other places on the station; for example, barrels of oil, turpentine, and inflammable dry-cleaning fluid are kept in the basement of a building housing employees. The supply manager has one paid assistant and three boys. Theft has never become a problem. Inventories are made regularly on weekly installments. Due to crowded space, excessive handling is necessary to get the oldest goods to the front. If goods are damaged, the user absorbs the loss. Damaged goods are not excessive. Upon receiving, only undamaged goods are signed for. A central checking area is used, effecting a double count.

RAINIER STATE SCHOOL

The commissary building at Rainier State School is new and adequate. It is semi-fireproof, with a wooden interior above the first floor, and automatic fire doors. Inventory for the biennium takes one week. The institution has no satisfactory place to store farm feed. There are two paid employees, assisted by two boys. Received supplies are checked back on the purchase order. A central checking area is used, effecting a double count.

RECORDS

THE MENTAL HOSPITALS keep records that are comprehensive and in keeping with the better standards of medical and psychiatric practice. A patient's file will normally contain at least the following information:

1. Identification: name, age, address, date admitted, county, correspondent, and serial number, along with pictures, front and profile, and fingerprints. If a patient is reassigned, he receives a new assignment number, but his file continues.
2. A patient's history, containing detailed information on parents, grandparents, siblings, home situation, birth and development, education, occupation, social history, marital status, medical history, past mental history, and present illness.
3. FBI and State Bureau of Investigation histories.
4. Results of mental examination.
5. Results of physical examination.
6. Results of tests and laboratory examination.
7. Temperature charts.
8. Physician's orders as to medicine, diet, and action to be taken.
9. Nurses' record of all attention given, all occurrences involving the patient, and attendant's notes.
10. A progress record written by the physician.
11. A running history written by the physician, giving total progress of the case: beginning and admission notes, mental and physical developments, treatment given and results, change of ward, if sent or returned from experimental leave.
12. A dental record.
13. Special incident reports. Whenever a patient escapes or attempts to escape, engages in an assault, receives injuries, or is likely to show evidence of injury due to his own or another's action, a report is made by the attendant in charge of the patient at the time. This report is signed by the other attendants present at the incident and is immediately forwarded to the ward physician by the superintendent of nurses or supervisor. The report contains ward, date, hour, patients involved, detailed description of incident, witnesses (patients and employees), and an evaluation of the incident in the light of physician's knowledge of the patient.

14. A record of X-ray examinations.

15. A traveling guard and attendant's receipt, acknowledging receipt of the patient and any money and clothes that are sent with him.

16. A supervisor's report filled out upon admission of patient, with a complete description of patient at the time of receipt and a complete list of effects received with the patient.

17. The official commitment papers from a Superior Court, containing court action and physician's certificate.

18. Responsibility slips signed by the custodian if the patient is taken on parole. This includes an agreement to keep the institution informed as to the condition of the patient.

19. A notice of discharge, giving in summary all pertinent information. Or

20. A notice of death, giving statistical information.

In addition, there will be clothes cards, a record of all visitation, correspondence, and receipts for cash for patient's account. In some of the hospitals, additional information is contained in the patient's files.

In each of the mental hospitals, ledgers are kept on admissions, escapes, paroles, deaths, discharges. Statistical files are kept according to psychoses and physical diseases, with divisions as to sex, death, and discharge. Statistics are kept for the State Health Department, for professional organizations, and for the Federal Department of Vital Statistics. Numerous special files are also kept.

Care of Records: Active files are kept in the record office, and made available only to the staff. Dead files are kept in a locked fireproof room, and likewise made available only to the staff.

Need of Microfilming Dead Files: In each of the mental hospitals, dead files have accumulated until they fill a fireproof room. There is an acute shortage of filing space and filing cabinets in these hospitals. If the dead files were microfilmed, this space would be relieved. This is not to suggest continuous microfilming, but microfilming the files now dead, and repeating the process every twenty years thereafter, or as needed.

The Need for Machine Filing at Western State Hospital: At least one of the hospitals, logically Western State Hospital, should have machine filing to facilitate correlations in psychiatric research. At Western State Hospital, following research demands, the present filing system has become complicated and bulky, requiring many different file systems and many workers. At present, eleven full-time employees are finding it difficult to keep up with the normal records and the research program. Breakdown of statistical records is by sex, death, discharge, mental diseases (about 75 different classifications), and physical diseases (several hundred different classifications). Machine filing would tend to pay for itself by bringing all of these files into a single file, and reducing the number of workers, in addition to making possible running of mass correlations essential to proper quantitative research.

Reports: Daily reports are compiled into monthly and biennial reports. All departments submit a monthly report to the superintendent's office. Special reports, such as on population movement, are continuously in process.

Schools for the Mentally Deficient: The schools for the mentally deficient have been keeping rather complete records since 1939. A file will normally contain at least the following information:

1. Identification: name, age, address, date admitted, county, guardian, number, and a picture of the patient.
2. The commitment papers received from the court, which include further identifying information and information regarding the child and his parents, plus a brief history and a diagnosis of the child's condition.
3. An admission report with list of effects received with patient.
4. A social history containing reason for referral, history of father and mother, sibling status, home situation, religion, birth and developmental history, condition of health, and education.
5. Recommitment papers. When the child reaches 21 years of age, a complete history of the child to date is prepared for the court, and later filed, including identifying information regarding the child and his family, plus psychological, physiological, and educational summaries, a social history, and a report of the child's work program at the institution.
6. A social service running record, which is a chronological recording of all contacts with the child and his family and collaterals. It includes all pertinent information which can be used in future dealings with the individual or those connected with him; records of unfortunate behavior, escapes from the school, discussions of the individual in staff meetings related to the possibility of experimental leave, etc.
7. A chronological record of all pertinent medical findings, including all entries on hospitalization, physical and dental examinations, X-rays, laboratory reports, etc.
8. Educational reports.
9. Psychological reports.
10. Important and pertinent correspondence.

In another file will be relatively unimportant correspondence, records of visitation, clothing records, receipts for packages and money to put into account of child, and requests for leave of absence.

At Rainier State School, the department of research and training will augment the information in the files with clinical findings as the department develops.

Care of Records: Live and dead files are kept in the record office and made

available only to staff. Filing space is at present ample. Statistical files are kept on commitments, population, experimental leave, the transferred, the discharged, and the deceased. Other files, such as new inquiries, and partial information for ward use, are kept as needed.

Reports: Daily reports are compiled into monthly reports which are used as a basis for biennial reports. Special reports are compiled as needed.

POPULATION AND ADMISSION

EASTERN STATE HOSPITAL

Population: The present population at Eastern State Hospital is 2,100. The population has been increasing at about the rate of fifty per year for the past decade. The present capacity is 1,500 (at 80 square feet per bed). This shows an existing overload of 40 per cent. To allow for population trend, capacity should be increased to 2,500.

Composition: Ratio of male to female patients is about thirteen to eight. There are virtually no patients under twelve years; 60 per cent are over fifty years, and 25 per cent are over sixty-five years. Seventy-five per cent of those under sixty-five are potentially curable. Fifty per cent of the patients are dismissed within one year (this percentage is constantly increasing). Admissions and composition by principal mental disorders in each of the three mental hospitals are tabulated in the biennial reports; for our purpose, using Eastern State Hospital, it can be said briefly that different types of schizophrenics are 23 per cent of those admitted; but since these usually come in as young adults, they live to become more than 50 per cent of the population composition. Manic depressives are 17 per cent of those admitted, but with modern methods of treatment are usually released in a few weeks and are virtually none of the population composition. Syphilitics are less than 10 per cent of those admitted, but become nearly 20 per cent of the population composition. Senile patients are 40 per cent of admissions, but since life expectancy is short at that age, they are about 25 per cent of the population composition.

Eastern State Hospital houses all criminally insane and insane criminals of the state. The criminal building built in 1912 to hold ninety-nine patients has at present 155 patients. Beds are crowded into day rooms and conditions are generally overcrowded. In one instance, eighty men use a single bathtub. Security installations are most inadequate. Housing for criminally insane should be doubled.

WESTERN STATE HOSPITAL

The population at Western State Hospital is 2,600. At present capacity there is an overload of 400 patients, or 18 per cent. To allow for the population trend, capacity should be increased to 4,000.

Composition: Ratio of male to female patients at Western State Hospital is 11 to 14.5, or an excess of 350 females. The great variance between this and male-female ratio at Eastern State Hospital is perhaps ecological in its explanation. The mean length of stay at Western State Hospital is 17½ months. Percentage of discharges to admissions approaches sixty. The tendency in age composition is toward increased numbers of the aged.

NORTHERN STATE HOSPITAL

The present population at Northern State Hospital is 2,100. Population tends to increase at the rate of about fifty per year. Normal capacity is 1,560. This shows an existing overload of 34 per cent. To allow for population trend, capacity should be increased to at least 2,500. Ratio of male to female patients at Northern State Hospital is 12 to 9.

Segregation: Segregation in the mental hospitals is approximately as follows: male, female, acutely ill, senile up-patients, senile bed-patients, tuberculosis, ground parole, and disturbed.

Commitment: Commitment is by a superior court of the State of Washington. Normally the patient is picked up at a hospital or sheriff's office. He brings commitment papers when he comes. He is given a physical examination and bath. Admission notes are taken and he is put on a receiving ward, where fingerprints, X-ray, and laboratory examination are made. Voluntary commitments are about 8 per cent of commitments (this figure is increasing).

Racial: In the mental hospitals of the State of Washington, there are 75 Negroes (49 male and 26 female), or a ratio of about 1 Negro to 100 whites. There are 13 Chinese and 19 Japanese, or less than 1 Japanese or Chinese to 200 whites. Since there are so few Negroes, Japanese, or Chinese, individuals become personalities rather than members of racial minorities and are accepted without intolerance.

LAKELAND VILLAGE

At Lakeland Village, the present population is 1,420. Present capacity at seventy square feet per bed is 1,000. The needed capacity is for 1,800.

Composition: Ratio of males to females is about 8 to 7. The age range is from 2 to 70, with a mean age of 19 years.

RAINIER STATE SCHOOL

At Rainier State School, the present population is 757. It has increased 100 per cent in the last three years and will again double in the next three years. Dormitories are built to hold eighty-five with a bed space of sixty-six

square feet. At present, some of these dormitories are overpopulated as much as 80 per cent. It is estimated that two dormitories of eighty-five capacity each would have to be built each year to keep up with the normal increase in commitments at the present rate of population increase. This institution should be built to 3,000 capacity unless another institution is built. Ages range from birth to sixty years. Emphasis is put on taking mental defectives at birth. Facility for infant care is provided.

Segregation: Segregation in the schools for mentally deficient is by sex, chronological age, social maturity, mental age, and physical limitation.

The custodial group, or that group of those who are virtually unable to help themselves, is slightly over 25 per cent

Racial: There are, in the schools for mentally deficient, eleven Negroes, or a ratio of 1 Negro to 200 whites. There are five Japanese.

Commitment: Commitment is made only by a superior court of the State of Washington. If the institution gets notice from a welfare agency, it advises the parents to bring the child for examination. Social workers get pre-admission history from the parents while the psychologist or, in the instance of Rainier State School, the clinical staff is examining the child. Recommendation is sent to the county for commitment on about 75 per cent of those examined (no psychopaths are accepted). If, on the other hand, the institution gets the commitment first, social workers call at the home and get the preadmission history and invite the parents to come to the institution. Several hours are spent in indoctrinating parents at the institution. Every effort is made to help the adjustment of the parent, which is generally a greater adjustment than is required of the child.

Recommitment: At the age of twenty-one, all patients go before the court for recommitment. The patient is given a complete re-examination and re-evaluation prior to this episode. The psychologists prepare a statement of psychological condition, to which is added physiological report, education and activities, sociological background, work program, and recommendations. The court, acting on this knowledge, recommit (or possibly releases) the patient.

Commitments Awaiting Admission: There are, at present, 515 committed by the courts awaiting admission to Rainier State School and 60 commitments awaiting admission to Lakeland Village. In most instances, *the wait is from two to four years*. This means that approximately 500 families are at present being disrupted and in many instances destroyed. It is common knowledge that a defective child may ruin the perspective of other children in the family, is a constant source of social embarrassment to parents and siblings, and taxes the ingenuity of parents to such a point that they work at odds with one another. Addition of a single ward building would relieve eighty-five families of children that are destroying home life, that have been committed but have not found room in the institution. The tragedy of this situation is shown in included excerpts from case records showing

what serious situations and family demoralization can arise from not making room for those that have been committed. They also reveal the awkward position in which it places the superintendents. In the normal process, a parent goes through a very rigorous psychological adjustment in accepting a mentally deficient child. This adjustment is climaxed by complete acceptance of the situation and commitment of the child. When a parent then realizes that commitment is nothing but an indefinite promise, his burden beomes overwhelming, and, not infrequently, he leaves his home as a denial of an impossible situation, or, in taxing his endurance beyond a logical climax, drives himself to mental ill health and into a mental hospital. *It would be better not to make these commitments* than to make them when there is no provision to follow them through. The institutions, to protect themselves from the latent animosity of these parents, make them wait their turn and appease them by informing them of each placement. Political pressure for partiality has not intervened in such a measure as to make this arrangement impossible. The social workers call periodically upon these waiting parents to reassure them, and not infrequently find that the *family has disbanded* since the last visit.

Included are excerpts of case records (see Appendices "A" and "B"), with names and addresses of parties altered to prevent identification. The names of superintendents and doctors are unaltered.

ADMINISTRATION AND PERSONNEL

EASTERN STATE HOSPITAL

AT EASTERN STATE HOSPITAL, staff organization is as follows: There are, under the Superintendent, an Assistant Superintendent, a Clinical Director, and six department heads, whose titles are Engineer, Housekeeper, Supply Manager, Farm Manager, Accountant, and Dietician. Under the Clinical Director are clinic, mortuary, dentistry, and clinical psychology.

At present, there are 325 employees: 25 clinical and professional, 196 attendants, of which 25 are registered (in one state or another) nurses, 12 clerical, 28 shops and engineering, and 28 kitchen; the remainder are farm and miscellaneous.

Staff Meetings: The medical staff meets weekly. All departments are integrated by personal contact of the Superintendent. The Superintendent delegates a minimum of authority and keeps close contact with all activities. Employee discipline is good; and, from all indications, employees work under no tension. Department heads appear to be well chosen and efficient. Lack of adequate housing limits the quality of staff and employees. Patient load per attendant is about 10 to 1.

WESTERN STATE HOSPITAL

At Western State Hospital, staff organization is approximately as follows: Under the Superintendent there are the following officers: Assistant Superintendent, Clinical Directors, a Business Manager, and a Food Administrator. Under the Assistant Superintendent and Clinical Directors are medical, psychological, sociological, dental, and burial. Under the Business Manager are six department heads, whose titles are Engineer, Accountant, Storekeeper, Housekeeper, Farm Manager, and Transportation Manager. (For a detailed interactionary schematic of administration, see the *13th Biennial Report of WSH*, page 137.)

There are 462 paid employees: 44 clinical and professional (including 8 registered nurses), 259 attendants and nurses, 29 assistance and clerical, 62 engineering, 29 kitchen, 15 farm, and 17 miscellaneous.

Staff Meetings: The clinical staff meets three days a week. The Superintendent meets at lunch daily with key members of the staff. Department heads

are kept informed through the Business Manager. Employee discipline tends to be rigid in about the same degree as private hospital standards. A monthly report is made to the Superintendent's office by every department. Attendant-patient ratio is about 1 to 10.

NORTHERN STATE HOSPITAL

At Northern State Hospital, staff organization is as follows: Under the Superintendent are a Clinical Director, a Director of Nurses' Training, and a Business Manager. The Clinical Director is in charge of the clinic, dentistry, and mortuary. Under the Business Manager are seven department heads: Engineer, Salvage Engineer, Food Manager, Storekeeper, Farm Manager, Housekeeper, and Accountant.

At present, there are 415 employees: 25 clinical and professional, 27 assistance and clerical, 52 student nurses, 10 cadet nurses, 189 attendants, 21 kitchen and dining room, 8 educational and recreational, 19 farm, 23 shops and engineering, and the remainder miscellaneous.

Staff Meetings: The medical staff meets twice each week. Departments are integrated by contact with the Superintendent personally and through the Business Manager. The Superintendent delegates authority, but does not lose contact with the activities. Employees function in a congenial but business-like atmosphere. Patient load per attendant is about 8.4 to 1. A monthly report is sent to the Superintendent's office by each department.

Employee-Patient Ratio: Employee-patient ratio in Washington's mental hospitals is therefore 1 to 7, or about equal to the national average. Federally-operated mental hospitals in the area have an employee-patient ratio of approximately 1 to 2. One to three is considered ideal by the American Psychiatric Association.

Salaries: Superintendents of the mental hospitals receive \$625 monthly plus family maintenance. Senior psychiatrists receive \$450 per month; junior psychiatrists, \$375; resident doctors, \$290. Assistant superintendents and clinical directors receive \$425 to \$475 plus family maintenance. These salaries are substantially below those paid doctors in Federally-operated hospitals. The result is that pathologists and the most able psychiatrists are siphoned off, leaving the state institutions a high percentage of refugees, overage doctors, and young residents. No trouble is experienced in securing residents because of the high medical standing and opportunities of Washington's mental hospitals. Department heads receive from \$200 to \$330 per month. Nurses receive from \$200 to \$225 per month; head nurses, \$400 and less. Ward attendants average \$180. No employee receives less than \$150. If subsistence is furnished, it is deducted at the rate of \$40 per month.

Hours: Employees at Eastern State Hospital work 12 hours a day, 5 days a week, with 2 bonus days a month. Employees at Western State Hospital work 5 days a week, not exceeding 48 hours unless paid overtime. Employees

at Northern State Hospital work 8 hours per day, 6 days per week. Hospital employees receive two weeks' vacation per year.

Rate of Employee Turnover: At present, employees at Western State Hospital are replaced at the rate of thirty-three per month, or 100 per cent per year.* At Northern State Hospital, employees are replaced at the rate of twenty-three per month, or relatively less by one-third. This differential may be due in part to the 8-hour day adopted at Northern State Hospital. This labor turnover is much too high, even for unsettled times. Efficient corporations expect a labor turnover of between 2 per cent and 3 per cent per year, from causes other than death or retirement. The State of Washington, in neglecting employee conditions, is getting an overbalance of substandard transient employees, which constitutes an injustice to both patients and administrators in addition to being unsound business from a standpoint of employee efficiency.

At Eastern State Hospital, the rate of employee turnover was not ascertained.

Employee Training: Employees are for the most part trained on the job. Northern State Hospital has two 3-month courses, three hours a week, for attendants. In all the hospitals, employees are kept informed by bulletins and by printed and verbal information and instructions.

Employee Morale: Employee morale in the mental hospitals is high, considering social conditions. There exists a general active interest in the welfare of the patients and pride in the high professional standards which the institutions are able to maintain. Many employees over a period of years develop a loyalty and idealism whereby they will suffer abuse as a laboring group and cheerfully perform their jobs to the best of their ability. It is this nucleus of loyal employees that enriches the attitudes of new employees and makes possible continuance of substandard employee conditions by the State.

Employee Information: Comprehensive information is kept on employees, in a strictly confidential manner. Employees' references are carefully traced. Employees are fingerprinted and checked for FBI records, and criminals are apprehended.

Inertia: As in all institutions, some difficulty is experienced in overcoming inertia. Older employees are not infrequently reluctant to accept progress and changes of philosophy which revise institutional procedure. For example, the older, criminal implications of mental illness at one time resulted in practice of discipline associated with correction, and older attendants may

*An analysis of 345 discontinued employees at Western State Hospital shows that 104 resigned, 59 were discharged, 58 were discontinued, 88 quit short, 31 were on leave of absence, and 5 were deceased. Employees may be discontinued if fingerprints indicate FBI or criminal records. When a husband or wife is discharged for a serious offense, the services of the spouse are ordinarily terminated. Employees with good qualifications may replace those of very poor rating. Those employees who are discharged seem to find employment in other state hospitals.

think in terms of insubordination. Again, certain procedures, such as maintaining shining wax floors and preparing for formal inspection, have become symbolic in the minds of employees who have served under such symbols for many years, and when such conditions are changed to facilitate more natural patient living, these employees are reluctant to meet the change. There is every evidence that superintendents are progressive and alert in combating these tendencies.

SOCIAL PROGRAM FOR EMPLOYEES:

1. *Employee living:* Lack of facilities for employee living is the greatest single factor keeping down the quality of staff and personnel. Doctors with children must automatically exclude the possibility of accepting a position with the mental hospitals which have no promise of cottages for them. Hospitals which are isolated, as Eastern and Northern State, have no available housing within many miles. While some employees' quarters in the mental hospitals are very attractive, frequently quarters are deplorable. In two of the hospitals, married couples (attendants) live in the ward in a single room with no water and use a community washroom and toilet. In one instance, of a block of three partially screened toilets, one is used by attendants, and two by male patients. The woman attendant must be accompanied by her husband to the area of the toilets, where he delays patients until she has used the toilet. As another example, night workers (who sleep by day) live in the basement of a condemned ward building with the day's activity taking place overhead. In a third instance, employees are housed above a paint shop in a non-fireproof building with but a single stairway and no fire escape.

Ideally, and for more normal living, most employees should live off the hospital grounds, but private contractors have been unwilling to run the risk of building housing when the State is slowly providing dormitories. The dormitories which are being built are away from the busy part of the station, and, as the number of these dormitories increases, the problem will be lessened.

2. *Job security:* Since there is no defined uniform system of employment based upon merit, except for professional personnel, there is little job security or formal protection from political interference. At the present time, the mental institutions are virtually free from such political interference, but such has not been true in major economic depressions; and unless proper criteria for job holding are established now, political aggression may come in the wake of another economic depression.

3. *A retirement system* has recently been established for employees of institutions in the State of Washington. This move is admirable, and is already affecting employee morale favorably.

4. *Recreational facilities* for employees are not what they might be, considering the concentration of employees and the relative isolation from recreational centers. Gymnasiums and bowling alleys would be a practical expenditure in terms of employees' welfare, especially since they might be shared at alternate intervals with patients.

5. *More adequate salaries* and graduated pay scales would increase job security and result in more efficient personnel. Northern State Hospital has now adopted a graduated pay scale. Arguments for the longer hours are not generally in terms of the employees' welfare. Private enterprise has come to realize that an organization can not rise above its employees. It is reasonable to assume that this is true of state institutions.

Employees Unions: Employees of the state mental hospitals have unions, but for the most part these unions function nominally. The State should take the initiative in correcting employee conditions.

LAKELAND VILLAGE

At Lakeland Village, there are, under the Superintendent and Assistant Superintendent, eleven department heads, whose titles are Engineer, Farm Manager, Food Service Manager, Supply Manager, Laundry Manager, Social Worker, Psychologist, School Principal, Accountant, Boys' Supervisor, and Matron. There are 201 employees: 9 administration and professional, 12 clerical, 119 nurses and ward attendants, 15 educators, 18 kitchen, 7 laundry and clothing, 10 shops and engineering, 11 farm and miscellaneous.

Staff Meetings: A meeting of all department heads is held monthly. The professional staff and supervisors meet weekly. There is no segregation or non-cooperation of services. Department heads function with reasonable freedom under the cognizance of the Superintendent. Staff members are required to keep abreast of their fields and key members are sent to observe the procedure of other institutions in the United States which are considered progressive. Inmate load per attendant is 12 to 1, which is heavy, considering that one-fourth to one-third of the patients fall in the custodial bracket (are physically untidy and non-coordinate, and in many instances bedridden and helpless, requiring lifting).

RAINIER STATE SCHOOL

At Rainier State School, there are, under the Superintendent, a Director of Research and Training, a Head Nurse, an Engineer, a Food Service Manager, an Accountant, a Supply Manager, a Farm Manager, and a Boys' and a Girls' Supervisor.

There are 175 employees: 8 teachers, 9 other professional, 5 registered nurses, 78 attendants, 23 engineering, 10 kitchen, 7 farm; the remainder are clerical and miscellaneous.

Staff Meetings: The administrative staff meets weekly. The clinical and school staffs hold separate meetings. A medical staff is planned for the future. (It must be remembered that this institution is still in the process of initial organization and construction with, at the present time, but half of its assigned population.) Major departments which in the future will

function in support of one another are: psychological research and training, medical and medical research, physical plant and engineering, and custodial and care. If provision is made for deferring costs of travel, department heads will be directed to attend national meetings in fields related to their departments.

Salaries: Superintendents of schools for mental defectives receive \$400 plus family maintenance; assistants and directors, \$300 plus family maintenance; department heads, \$220 to \$355; social workers, \$235 to \$300; teachers and nurses, \$200; and attendants, \$170 (average). No worker receives less than \$150. If subsistence is furnished, it is deducted at the rate of \$40 per month. Rainier State School has a graduated pay scale. In light of the expected standards in the position, there is little justification for so great a difference in the salaries paid to the superintendents of the schools for the mentally deficient and those paid to the superintendents of the other mental institutions.

Hours: At Lakeland Village, employees work 10 hours per day, 5 days per week, with 14 days annual vacation. At Rainier State School, employees work 8 hours per day, 6 days per week, with 14 days annual vacation.

Employee Turnover: At Lakeland Village, the rate of employee turnover is high, due in a large part to inadequate living conditions, both on and off the station, and to relatively low salaries. At Rainier State School, the turnover is somewhat less.

Employee Training: At Lakeland Village, a detailed handbook, published July, 1947, is issued to employees as required reading material. Published instructions for employees and an on-the-job training program are both in progress at Rainier State School.

Employee Morale: Employee morale is generally high, considering the limited facilities for employee welfare.

Information Taken on Employees: Rather detailed information is taken on employees, and references are traced. Employees sign the following agreement:

"If I am employed at (the School for mentally deficient) I hereby agree to obey and abide by the rules and regulations of the institution; promote and work toward established objectives; to faithfully execute and carry out the orders given to me by my superior, to the best of my ability; perform special assignments, although not of a nature for which I am chiefly engaged; at all times endeavor to secure the comfort and safety of the boys and girls; report to the Superintendent any case of cruelty, abuse, neglect or harshness, either by language or action toward any boys or girls which I may observe, or have brought to my attention.

"Furthermore, I agree never to bring into the institution or use on its grounds any intoxicating liquors; to avoid all gossip as to its boys and

girls or internal affairs which may bring condemnation or discredit to them or to the institution; and endeavor by my own language, conduct and deportment to be a worthy employee."

Inertia: Problems also arise in the schools for the mentally deficient concerning older employees refusing to accept new practices and procedures. Employees who cannot make this adjustment, after patient consideration by the superintendent, are of necessity dismissed.

Social Program for Employees: Conditions for employee living and employee welfare are similar to those described in the mental hospitals; in repeated instances a man and wife occupy a single room and share bath and toilet with several day attendants. On one ward, where twenty-five male employees live, they must use a single washbowl and toilet and one bathtub with no shower. A similar instance exists with twenty female employees. As another example, apartments for married couples are located above a band-practice room, shoeshop, and print shop, in a building the basement of which contains fifty-gallon barrels of volatile fluids (turpentine and dry-cleaning fluid). These conditions should be alleviated.

Job Security: Employees are aware that at Lakeland Village, in 1933, 90 per cent of the employees lost their jobs. Employees belong to a union which functions nominally as a force to improve employee conditions.

PROFESSIONAL SERVICES

MENTAL HOSPITALS in the State of Washington rank high according to national professional standards. All are accredited by the American College of Surgeons and leading medical and psychiatric organizations. As such, they are qualified to train young doctors on a residence basis. Western State Hospital is allowed six resident doctors for a period of three years each. The other hospitals, with less population, are allotted less. Northern State Hospital trains fifty or more nurses for a period of from three to six months, by arrangement with the University of Washington School of Nursing. Eastern and Western State Hospitals have had and will again have nurses' training programs. Where mutual assistance may be accomplished, the mental hospitals cooperate with all possible agencies that are known to be of high professional and ethical standards. Among these are the State Health Department and a number of the state institutions of higher learning. Limited professional assistance is given to other state institutions by the hospitals, though appropriations are seldom made to defer the expense of such assistance.

Western State Hospital has eleven to thirteen doctors; Eastern and Northern State Hospitals have six to eight. All doctors have psychiatric training. Medical staffs tend to be inadequate due to relatively low salaries and shortage of housing. The superintendents of the mental hospitals are all professionally qualified men whose positions were achieved on a basis of merit and productivity rather than political affiliation.

Medical and psychiatric practices are in every way abreast of the times and in some instances of a pioneer nature which is setting standards for other mental hospitals. (See the section on *Research*.) All activity in the state mental hospitals functions in the name of therapy. The philosophy of self-support has long since given way to one of push therapy (a treatment which includes interesting planned activities utilizing all feasible therapies), and in the event that a necessary activity is not also a wholesome activity, every effort is made to see that it is performed with machinery or paid labor. Hydro, shock, musical, occupational, educational, recreational, and social therapies are used. There is no evidence that any patient is put in a "forgotten" status. Treatment is, for the most part, individual in nature, though the value of socialization of mental patients is emphasized. When the patient enters the hospital, a provisional diagnosis is first made. A revised diagnosis follows within a restricted period of time. Eventually a final diagnosis is made.

Medical Services: Mental hospitals also have become some of the largest general hospitals. Since age composition is high, rate of physical failure is

high. Facilities for physical examination and laboratory tests are, for the most part, complete, though laboratory forms should be more standardized within the state. Treatment of physical ailments is equivalent to that administered in large general hospitals.

Sociological Services: Sociological services in the mental hospitals are limited. The Western State Hospital has but three psychiatric social workers, all of whom received their psychiatric training on the job. The other hospitals each have but one person functioning in the capacity of psychiatric social worker. The American Psychiatric Association would have from six to twelve psychiatric social workers in these hospitals (one for each one hundred annual admissions), to accomplish preadmission, admission, and follow-up services. Federally-operated hospitals meet this expectation. At present, the state mental hospitals make outside contacts largely by mail and telephone. Efforts are concentrated on those cases considered urgent. Sociological and psychological rehabilitation tend to cease when the patient leaves the hospital. Appropriations for a more adequate sociological program should be made.

Legal Services: Legal affairs are handled on the outside by the courts and custodians. Unfortunately, the hospitals are not kept informed as to the actions taken by the courts and custodians. Provision should be made to give the hospitals an account of guardianship, so that if it is medically wise, information can be passed to the patient as he asks.

Burial and Funeral Services: Each state hospital has a morgue and a mortician or acting mortician. At Eastern State Hospital, the morgue contains a chapel and even though an individual has no persons interested in him, he is given a complete funeral with flowers, music, and benefit of clergy. About 25 per cent are buried in the institution's cemetery. (There were 170 deaths last year.) The cemetery is in lawn, and markers, which are flush with the ground, are identified by number. At Western and Northern State Hospitals similar funerals are held. Cremation is practiced, unless the deceased is of Catholic or Jewish religion. Deaths at Western State Hospital number 350 per year; at Northern State, 230 per year.

Professional Services in the Schools for the Mentally Deficient: At the present time, neither of the schools for the mentally deficient has a medical staff of its own. Doctors come in on a part-time basis. Rainier State School has a modern hospital building and the institutional program calls for a medical staff under a director and assistant director to care for the sick and to do medical research. The hospital has five registered nurses. Lakeland Village has a very small hospital building, which is now used for female patients. Male patients use a dormitory wing for a hospital. Bathing and health habits are supervised by attendants, who report all conditions of illness. A complete physical examination is given upon entrance. Tuberculosis, which runs about 3 per cent, is isolated. Parents are notified of the slightest accident or sickness and are kept informed as to recovery. Lakeland Village has a full-time dentist.

Psychological Services: Rainier State School has a psychologist who serves as director of research and training, and a psychology intern, who serves as a clinical psychologist. The superintendent is also a psychologist.

Lakeland Village has but one half-time psychologist; another psychologist should be provided to carry the load of testing, psychological guidance, and research.

Sociological Services: At Lakeland Village there are two graduate social workers who collect histories, conduct visitors, appease parents of those who have youngsters committed but awaiting admission, and contact parents of patients for all purposes, such as sickness, funeral arrangements, etc. Before placement of a child, the social workers know the home, the room the child will have, and even the bed in which he will sleep. They observe all children on experimental leave. They are also responsible for keeping the patients' files and serve to integrate all professional services and to make contacts with outside agencies. The social workers have one secretary and one state car between them. Rainier State School has only one social worker, who is without clerical assistance. Her duties are similar to those described above, except that time will permit her to give individual attention only to the more urgent cases. Another social worker should be provided. The program at Rainier State School also calls for an institutional social psychologist.

Legal Services: Parents and custodians handle legal matters outside the institution.

Burial and Funeral Services: The schools for the mentally deficient each average about one death per month. Prior to 1940, Lakeland Village had seventy deaths per year. No death has occurred in the dormitories since that time. The lower death rate is due to better physical examinations, new drugs (especially for pneumonia), better diet, and improved sanitation. Funerals are held outside the institution, usually in the town of Medical Lake. At Lakeland Village, since a program was launched in that direction, 90 per cent of burials are in the institution's cemetery. The cemetery is well kept, using flat top markers, and is known as "Lakeview Memorial Park." Parents pay for the funerals and casket if they can do so. If not, the funeral is given the same consideration at State expense. Funeral and burial are made an occasion for the boys and girls, who learn that death is a normal process. The cemetery is decorated and rites are held on Memorial Day.

Plans call for a cemetery at Rainier State School, where burial is now left to the parents. Indigents are buried at Buckley with money obtained from county welfare. Schools for mentally deficient should have an autopsy room and refrigeration for cadavers.

Transportation of Social Workers: Provision should be made for social workers in the mental hospitals and schools to drive state cars without conspicuous state official licenses. Difficulty has been found in making parole calls and other types of calls when a state license provides an official atmosphere and arouses the curiosity of neighbors. In the instance where personal

automobiles are used to circumvent this problem, it works an unnecessary financial burden upon the social worker, since allotted mileage does not defray the expense of travel and automobile maintenance, and since social workers are for the most part poorly paid.

SOCIATION

IT HAS BEEN FOUND that mental patients tend to degenerate if not kept occupied; that neglect will increase their problem; and that attention and activity of a socializing nature does much to re-establish reality. Supervised freedom is the aim of the activity program. In the mental hospitals, patients normally get eight hours of sleep, eight hours of recreation, and six to eight hours of some kind of work that is useful and interesting. The hours awake may be filled with any of the following activities:

Educational: The mental hospitals are able to select and obtain movies to fit their needs. Patients participate in plays, pageants, musical shows, and all types of stage activities. Outside talent is frequently brought in to entertain the patients. Periodic newspapers are published by the hospitals with the assistance of the patients. Music therapy programs have been established at all of the hospitals. Eastern State Hospital specializes in this, having several music teachers. Dancing is an activity to which patients respond well. In good weather, picnics and outdoor programs are provided. Western State Hospital has built elaborate grounds for such programs. The administration arranges to have five hundred patients taken to the annual fair at Puyallup. All of the hospitals have auditoriums. Games and reading materials are made available in the wards. Northern State Hospital has a storyteller who visits periodically in selected wards. All activities are aimed to teach a constructive attitude toward physical and mental health.

Libraries: Hospital libraries are generally poorly housed and without trained librarians. Each hospital subscribes to between fifty and one hundred magazines. Limited book budgets, combined with inability of librarians to select books for order and to anticipate needs, are in part responsible for the condition of the libraries. The State librarian suggests that the solution may lie in a coordinate program under a trained librarian. Employees could benefit from better library service. Northern State Hospital provides recorded books for blind patients. The new research building at Western State Hospital will house both the patients' library and the medical library.

Physical Education: Softball, volleyball, supervised walks, and other sports are held out of doors. One of the hospitals has no gymnasium and the other two must use a restricted area in their auditoriums for indoor sports. Gymnasiums should be provided for indoor sports and dancing. Other recreational facilities should be considered, such as bowling alleys, swimming pools, roller skates, and boxing gloves. Mental patients would use them extensively if they were available.

Occupational: Occupational activities include the farm program, phases of engineering, furniture making, laundries, tailor shops, shoeshops, beauty parlors, greenhouses, print shops, binderies, woodworking shops, decorating, upholstering, brushmaking, mattress making, cabinet making, jewelry repairing, and store and coffee shop. Individual hospitals emphasize different activities in this list. The programs are integrated so that the work meets the needs of the institution. For example, an elaborate salvage program at Western State Hospital collects, classifies, and processes thousands of dollars worth of materials which would normally become waste. This provides constructive activity for many patients and saves used materials, from metals and glass to wood and vegetable compost. A maintenance shop at Northern State Hospital includes carpentering and painting, has six paid employees, and occupies the time of twenty-five patients. Wood is cut by this department for fuel and lumber, for cedar shakes, for the making and rebuilding of furniture, for coffins and burner crates for the morgue, and for crates for farm and kitchen. It also handles salvage, and ingeniously meets incidental needs throughout the institution. Eastern State Hospital has a bindery that binds all periodicals as well as keeping library books in good repair. The occupational activities become the lifeblood of the institutions, both from a material and therapeutic standpoint. The by-products of the activities are used within the institution or, in a few instances, shared with other institutions. These activities must function on a limited budget and frequently in confined physical quarters. Facilities for these activities should be made more ample.

Religious Services: Protestant and Catholic church services are conducted in all the mental hospitals. Patients are encouraged to attend but are free to decline. About 20 per cent attend, many of these participating in the singing and music. Clergy may visit patients in the ward unless it is deemed medically unwise. Ministers are people of seminary training and are paid a token salary by the State, in no instance over \$50 per month. They are encouraged to be constructive in their approach, in place of preaching condemnation. From all indications, true religious freedom exists. Superintendents have received no complaints from outside sources concerning the type of religious services performed.

In the Schools for the Mentally Deficient: Effort is made in the schools for the mentally deficient to develop each child to his limited capacity, to make him self-sufficient within the institution, and to make life as interesting as possible for him.

Educational: At Lakeland Village, boys and girls under the age of twenty are kept in school as long as they show evidence of learning. There are at present 160 academic students: 72 in handicraft, 88 in industrial and manual arts. Under the school principal are thirteen teachers: four academic, one singing, two handicraft, one industrial arts (girls), one manual arts (boys), one beauty shop technician, one print shop teacher, one coach, and a part-time bandmaster. Classes contain twelve or less so that children may be given

a high degree of individual attention. Books are carefully selected from primer to about third-grade level. Realistic practices, such as telling time, counting money, and simple vocational techniques, are taught. A sensory training program is being considered. In music, ninety individuals participate in vocal groups, and a similar number in bands, orchestras, and instrumental specialty groups. Report cards, submitted every six months, have no reference to standards, but describe specifically what has been learned, such as counting money or telling time. Teachers are carefully instructed as to relationships with children, attendants, and the rest of the institutional program. Educational activities are inconveniently housed in several buildings due to the limited capacity of the school building. This building has a combination gymnasium and auditorium with virtually no shower or locker facilities to serve the gymnasium and no dressing rooms to serve the stage. Children participating in the programs must dress in other buildings and then go out of doors to reach the school building. This means that for such as the Christmas program, they are out in costume apparel in snow and cold weather. An additional school building should be provided.

At Rainier State School, under the director of research and training, are eight teachers holding classes for spastics, academic, handcraft, manual training, nursery, kindergarten, and music and program productions. Plans call for additional teachers. About two hundred attend school. The school building is new and modern with four classrooms, but these constitute only half of the classrooms which will be needed to accommodate the planned program and the population of five years from now. Another similar school building for girls would make sex segregation easier, in addition to caring for the anticipated school population.

Physical Education: Seventy per cent of all children take part in some form of physical education. Ball games are played with local high schools. Play fields and grounds are used extensively in fair weather. When the weather is prohibitive, gymnasiums are occupied by successive play groups .

Recreational Program: Movies are shown at both schools weekly. Professional entertainers and civic organizations provide programs for the patients. The children put on Christmas programs and spring festivals in addition to minor programs. Games and reading materials are made available on the wards. There are units of both the Girl Scouts and the Boy Scouts; on occasion these are taken to camp. The program is such that every patient may engage in some activity of his own choosing.

Vocational: Vocational activities include print shop, shoeshop, beauty shop, laundry, farm, greenhouse, barber shop, power house, paint shop, and coffee shop. Newspapers to which the children contribute are published and copies are sent to the parents. Girls participate in making and mending clothing. Where children attend school, it is usually on a half-day basis, the other half of the day being devoted to vocational activity.

Religious Program: Non-denominational services are held each Sunday. Ministers have been trained to keep the vocabulary used on a child's level,

and sermons are kept simple, with constructive moral implications, and no threat of "hellfire and damnation." Children participate in the chapel singing and music. Attendance is in no way compulsory and in each school amounts to about three hundred per service. At Lakeland Village, in addition, Catholics hold one hour of catechism each week and one service each month. Clergy are called in for serious illness or death as prescribed by parent or guardian.

PATIENT STATUS

FROM ALL EVIDENCE, the welfare of the patients is the first consideration in each and all of the mental institutions in the State of Washington. This philosophy is made to reach every employee, no matter how remote his connections may be with the patients.

Discipline: In the mental hospitals, there is no reference to disciplinary measures or loss of privileges. A patient is neither legally responsible nor responsible to the hospital; so it follows that he cannot be insubordinate. If the patient refuses to follow a line of conduct, he is never forced to do so unless the action is in the line of medical practice. Insofar as a patient is well enough to cooperate, his freedom may be extended. Maximum freedom within their capabilities is given patients with the exception of insane criminals and the criminally insane, who are all housed in segregation at one institution (Eastern State Hospital). Escapes and suicides have been found to decrease with increased liberalization of the hospital programs. Taken collectively, patients can generally be depended upon to select a good or bad attendant. An attendant is discharged if it is found that he has abused a patient.

Individuation: Every effort is made to maintain the individuality of the patients. Clothes are not standardized. Patients are allowed to smoke and to spend money at the store and coffee shop. Working patients may be given extra food or treats; money is provided for them to spend at the coffee shop. At Christmas, hospitals send letters to the public requesting gifts for the patients. Generous response is given to these letters, and all patients benefit. Holiday food is comparable to that served in any home.

Ability to Pay: Most patients are not indigent. Only 18 per cent are buried by the State. Patients for the most part furnish their own clothes and are able to obtain money from outside sources for minor expenditures. Those patients who can afford it pay for their own subsistence (some 15 per cent of the patients) at the rate of \$40.60 per month. This is decided by the courts at the time of commitment. If it is decided that a patient can pay, he pays full subsistence instead of a token payment. In fairness, more frequent and careful checks on ability to pay should be made. Where a patient is materially well off, he should be allowed to pay for his hospitalization as well as his subsistence.

Personal Property and Money: When a patient's money is received at the hospital, it is deposited to his account, from which he may draw small sums as needed. Personal property in the wards is limited by ward space. Other

property that is brought to the hospitals is stored, pending the patient's release or a specific need for it. Personal property on the outside, if it is not in the hands of a legal custodian, may become a problem for social workers to trace.

Correspondence: Mail is censored. If money comes in a letter, it is put in the patient's account, from which he may draw as needed.

Discipline in the Schools for the Mentally Deficient: Corporal punishment in the schools for the mentally deficient is rare, but sanctioned. The attendant uses a paddle in the presence of a supervisor. The event is recorded and filed with the reasons for it, so that when the parent makes inquiry, a full account can be given. Taking away minor privileges is found to be the most effective form of discipline.

Freedom for the Mentally Deficient: At Lakeland Village, at present, there are only thirty-seven male patients under detention. The remainder who are able-bodied are given access to the institution's 1,200 acres. All female patients are under detention or close supervision to accomplish segregation by sexes. At Rainier State School, closer supervision of both sexes is maintained. Escape has not become a problem at either institution.

Individuation is accomplished by not standardizing clothes and by emphasizing individual personalities. Birthdays are observed and frequently parties are provided by parents, at which time the child may invite friends from among the other children. Grown males are allowed to smoke and are provided with tobacco. Most of the clothing or material for dresses is supplied by parents. Correspondence is censored. Parents are discouraged from telling children their own problems. If money comes in a letter, it is deposited to the child's account, from which he may draw. A friendship fund is given by the parents so that every child has limited spending money.

Condition of Living Quarters: Wards in the mental institutions are clean and as attractive and livable as crowded conditions will permit. Some of the newer ward buildings compare favorably with any in the United States. Others are old and do not contribute to attractive patient living. In every instance, they are kept as clean and as attractive as physical facilities will permit.

Racial: Since the number of Negroes and Orientals is but one per cent, individuals are treated by patients and employees as personalities and not as members of a racial minority.

REHABILITATION

FACILITIES of the mental hospitals for following up experimental leave and discharge with sociological and psychological guidance are markedly limited. Each hospital has on experimental leave between three hundred and five hundred patients. Two of the hospitals each have but one psychiatric social worker to serve 2,000 hospitalized patients and to make contact with all those on experimental leave. The largest of the hospitals has only three psychiatric social workers. Pre-experimental leave investigations and adequate follow-up of patients on leave is a physical impossibility with this ratio of cases to social workers. An attempt is made to serve those cases considered most urgent and to keep contact with all by mail or telephone. Frequently, the research advantage of following the progress of certain cases is lost for want of facilities to keep contact with the cases after they have left the hospital. County welfare agencies and other agencies offer limited assistance. There are no out-patient clinics either at the hospital or in population centers of the state.

Comparison with Federally-operated Mental Hospitals: By comparison, Federally-operated mental hospitals in the area accomplish several times as much in parole follow-up and guidance. Psychiatric social workers at the Federal hospitals obtain a pre-trial visit statement from relatives, involving whatever personal contact necessary. A patient going on trial-visit is sent to a department of medical rehabilitation, a chief of occupations, an educational advisor, and a vocational advisor. Upon leaving the hospital, he is put in the hands of a social-service department of the Veteran's Administration, where his rehabilitation continues on a case-work basis. There are out-patient clinics made available to him. The Red Cross is used freely by the Federal hospitals in getting case histories and other needed information, since the Red Cross is founded on Federal funds and is committed to serve in these capacities. Since Federal hospitals are not confined to state boundaries, if it becomes advisable to rehabilitate a patient away from his relatives, he may be placed anywhere in the United States. The Federally-operated mental hospitals have a psychiatric social worker for every twenty-five patients on trial-visit as compared with one for each 150 at Western State Hospital and one for each 300 at Northern and Eastern State Hospitals.

In spite of their limited number, psychiatric social workers in the state mental hospitals are accomplishing much. They have, within the confines of the state, rehabilitated a limited number of cases away from the environment from which the patient came. They have found jobs for several hundred patients, and foster homes for others. People on experimental leave are

expected to write to the hospital periodically, and letters of reminder that a letter is due are sent by hospitals to them or to their custodians. Upon accepting a patient for experimental leave, the custodian signs the following statement:

This is to certify that I have taken.....on parole from (the state hospital); knowing that he is not fully recovered, I assume all responsibility for his actions while in my charge, and agree to care for and return him to the hospital at my own expense if it becomes necessary. I further agree to write the superintendent, informing him of the condition of the patient at intervals designated by him during the life of the parole.

The following are notified of experimental leaves, discharges, and escapes: the relatives, the State, the county, the FBI if there is an FBI record, and the Seattle police if the patient is from King County. Preparation for experimental leave will include socialization in some activity such as the store or coffee shop. At Western State Hospital, it is generally accepted that socialization is the secret of rehabilitation. Emphasis is put upon participation in group activity. At all the hospitals, candidates for experimental leave are put where they will contact people.

The Schools for the Mentally Defficient: The schools for the mentally deficient spend many months preparing a child for a home and a job outside the institution. Here the case load is less, because most of the mentally deficient can expect to spend the remainder of their lives in the institution. Before experimental leave, the social workers investigate the situation as thoroughly as possible and combine their knowledge with that of other welfare agencies. Employment situations are investigated to make sure that they are not of an exploitative nature. After the child is placed, the social workers make their own inspection at least every six months. If a girl is being considered for experimental leave, she will be allowed to work in the institution's coffee shop for several months prior to such leave, where she not only learns to meet people, but to prepare and serve food (this will be her most likely work situation on the outside). A boy going on experimental leave will first be trained for the job which he is expected to occupy, usually farm work. Here again, the specific work situation will be investigated before he is released. The problem of thrift and counting money is gone over thoroughly with all children going on experimental leave.

Upon accepting a child for experimental leave, the custodian signs the following agreement:

In taking.....into my custody I hereby agree to reasonably protect and care for him and I will hold blameless the superintendent of (the school) and the State of Washington and all its political subdivisions, institutions and agencies for any act of misconduct on his part while under my care, and I agree to return him at the request of the superintendent.

At Lakeland Village, there are thirty-eight on experimental leave. Experimental leave from Lakeland Village is seldom with the original parents, as the parents of higher grade morons (the group most eligible for experimental leave) are frequently a bad social risk.

The number of potential parolees is restricted because sterilization is not practiced in the State of Washington. Mental deficiency at the level of those eligible for rehabilitation tends to be inherited rather than pathological in nature. *At present, second- and third-generation morons are already being housed in the same institution.*

There has been trouble in the past at Lakeland Village with former employees wanting to adopt certain of the children. Now employees understand upon hiring that this will not be allowed. (Usually employees are not of such financial background as to be a good risk in adoption.) Employees are also forbidden to contact or interfere with children on experimental leave.

At Rainier State School, there are at present sixty-eight on experimental leave. This case load falls to one social worker. Twenty-three per cent on experimental leave have returned, and 75 per cent of those discharged have returned.

Both of the institutions desire cottages for those who are being conditioned for experimental leave, as there is a need felt for these children to overcome an institutional perspective.

VISITATION PROGRAM

IN THE MENTAL HOSPITALS, visiting is limited to specific days and hours. Visitors must register. A record is kept in the patient's file of all visits. It contains the date, visitor, address, relationship, and remarks. Children do not visit in the ward. If visiting is not considered by the medical staff to be to the benefit of the patient, it may be discontinued. In all other instances, visiting is encouraged. In each hospital, a store and coffee shop is made available to visitors. Parking areas are provided. Visiting may be outside in provided areas in fair weather. Casual visitors and sightseers are allowed to see the grounds, but are not permitted to interfere with the patients. On holidays at Western State Hospital there will be on duty as many as five receptionists to accommodate visitors. At this hospital 300 to 500 visitors can be expected on Sundays and 1,000 on holidays. Eastern and Northern State Hospitals, which are less favorably located in relation to population centers, will receive fewer visitors. Visitors make donations toward entertainments and Christmas. The hospitals take the attitude that a mental hospital is a place for research and teaching. Classes in medicine, psychology, sociology, social work, and nursing brought to the institution from outlying schools may expect as much attention as limited staffs permit. If the classes are small, they may be taken through the wards. Not infrequently, a clinic is held for the classes, where they may learn with a minimum of disturbance to the patients.

At the schools for the mentally deficient, visitors are given every possible consideration. They may visit seven days a week at hours that will not interfere with meals and rest. If parents visit too often, it will be explained to them that they are creating too much dependence in the child, or interfering with his program. For the most part, parents respond well to suggestions of this type. In the schools for the mentally deficient, the superintendent and the supervisors personally know the facts concerning every child. This does much to promote the confidence of the parents in the school. Visiting in the dormitories is not at present permitted. It is hoped, as room is increased at Rainier State School, that there may be a visiting room in each of the dormitories. Visiting is in reception rooms, or parents may take the child into their car or away from the institution for the period of the visit. Picnic grounds may be made available for visitation in fair weather. Where the case permits, parents may take the child for a maximum of twenty-eight days in one year, not to exceed two weeks at one time. Additional time may be had for medical care. It must be kept in mind that such practices are on an individual basis, and some patients may not be qualified to leave the station. Also, relationships with some parents are

not conducive to the child's welfare. Each case must be weighed separately, on a basis of case knowledge and previous experience with any prolonged visitation. At Lakeland Village, when a visit is made, or when children are taken from the institutional grounds, parents have been encouraged to sponsor one or two children other than their own so that otherwise-forgotten children can go also. At Rainier State School, this may be done only with written permission of the parent that his child may be taken by a specifically named person. Forgotten children may also be sponsored by organizations such as the American Legion and the Kiwanis.* All visitors register and a complete record of visitation is kept. Forms are filled out if a child is taken from the station. Visiting is not permitted during the first six weeks of the child's stay.

Casual visitors and sightseers are shown the grounds and select activities, but are not allowed to interfere with the welfare of the boys and girls. School classes and groups that are shown the institution are carefully instructed to reserve comments in the presence of children, questions being answered afterwards. Depending on the purpose and the maturity of the classes, selection is made of what they are to see. At Rainier State School, an effort is made to bring cases to college classes, where they can be presented without interfering with dormitory activity.

Sale of Handiwork to Visitors: Some handiwork is sold to visitors, usually in the coffee shop or workrooms, and not in conspicuous or "sale" fashion. The money from these transactions goes into the children's amusement fund.

*Kiwanis made it possible to take 125 girls from Lakeland Village to camp last summer under institutional supervision.

MENTAL INSTITUTIONS IN THE LARGER FRAME OF REFERENCE

Research: The mental hospitals of the State of Washington are active in all types of research pertinent to mental and physical health. Having both population and control facilities greater than most commercial hospitals, they are able to make detailed studies and to correlate findings. Such findings are frequently published in professional journals and other periodicals. Western State Hospital alone averages about one publication per month. Staff members are expected to devote a portion of their time toward advancement of the science of medicine.

Pioneer work is in progress in brain surgery, in the use of drugs, in psychiatric methodology, in integrated therapies, and in scientific construction such as specially designed ward buildings. It is not the purpose of this report to describe specific research projects; however, significant findings are published in the biennial reports and other publications made available to the public.

Cooperation in research is accomplished with educational agencies in the state. For example, all of the state hospitals were active in providing the new Medical School at the University of Washington with pathological specimens.

The hospitals autopsy approximately 50 per cent, which indexes a high degree of research activity. Difficulties have arisen in securing pathologists at prices which the state mental hospitals can afford.

The last legislature appropriated between \$230,000 and \$500,000 for a new Research, Diagnostic and Library Center to be built at Western State Hospital. Plans and specifications for this building are now nearly completed and bids for its construction are to be requested soon.

The hospitals are active in compiling statistical information on all phases of pertinent activity, but they could do much more if a statistician and an IBM were provided to run systematic mass correlations and to determine the significance of even non-suspect data.

The schools for the mentally deficient are also doing research, especially in methodology. More elaborate facilities for diagnosis and classification on both a psycho-sociological and medical level are in process of development at Rainier State School. Similar facilities should be provided for Lakeland Village.

Some research is being done in the mental institutions in the field of attendant training and employee adjustment and welfare. Much more should be done in this vital but neglected area.

Legal Derangements: State laws governing the mental institutions have not been generally revised for nearly a score of years and for the most part have not kept abreast of the swift advance of the science of mental health. In many instances, they function to the detriment of both medicine and society, and as such are a burden to the mental institutions:

Commitment Laws: It is desirable that mental hospitals get away from court commitments as much as possible. Court commitments carry with them too many of the connotations of criminal procedure. Frequently, elderly people with the mental illness accompanying old age who have been meticulously law-abiding never recover from the psychic trauma caused by being treated like a common criminal in certain phases of the commitment procedure.

There is no emergency commitment. On occasion, victims of mental illness will be in jail for as long as four days awaiting a judge. All of the advantages of the present-day improvement of mental care may be lost to an individual in a single humiliating experience of this type, especially if the person is elderly and remembers the old and criminal philosophies of insanity. A means of emergency commitment should be devised.

Personal effects should be cared for at the time of commitment so that the social worker is not trying somewhat vainly to locate them six months later when the patient has recovered sufficiently to be concerned about them.

The hospitals should have an account of guardianship, which they do not now receive. The absence of such a service complicates the psychological problems which arise in dealing with the patient whose adjustment is rarely best made on a basis of deception.

Existing laws do not favor voluntary commitment, which is now about 8 per cent and which could be increased to more than 50 per cent under proper conditions. Laws should allow voluntary commitment without relinquishment of civil rights for a period of time to be determined by the hospital staff from a knowledge of the case. The restoration of civil rights to those on experimental leave and to dischargees should be determined in a similar manner instead of in the arbitrary blanket manner by which it is now determined. For example, the patient's driver's license is revoked for one year following his release from the hospital. Empirically, some patients are able to responsibly drive a car very shortly after leaving the hospital, and some will never be qualified to do so. Rehabilitation personnel connected with the Federal hospitals are especially unhappy about these laws because war veterans vehemently resent being outlawed by any government for which they jeopardized their mental health under circumstances entirely honorable.

Sterilization: At present, no provision is made in the State of Washington for sterilization. Many mental deficient and mentally diseased could live outside of institutions if such a provision were made. Parents of the mentally

deficient are willing to pay for the cost of sterilization. A sterilization law should be written, excluding those who object for religious reasons.

Assignment to Rainier State School: At present, the law states that commitments to Rainier State School shall be from six years to fifty years of age. In practice, Rainier State School takes mentally deficient children as infants from the maternity hospitals, and others much younger than six years. To rationalize the law, these are committed to Lakeland Village and transferred (all on paper) to Rainier State School. This is most confusing to parents and makes much unnecessary clerical work.

Summary: The laws governing all phases of mental institutions should be rewritten in the light of present philosophies and present and future needs.

Education of the Public: Essential to a program of mental hygiene is the enlightenment of the public, which stands to profit or lose from the condition of vital resources, and whose support or lack of support will determine any such program. Too little is being done in the public schools and through other public agencies to bring about such a state of enlightenment. The mental institutions are striving for increased public relations, but this is not enough. Any over-all program should be brought to a general level of understanding by available forces of education (including primary and secondary education), since it has been discovered that a knowledge of what constitutes mental health is a causal factor in the preservation of mental health.

The Children's Benevolent League of Washington: An outstanding example of successful pioneer efforts at bringing about public enlightenment has manifested itself in the Children's Benevolent League of Washington, an organization consisting of several thousand parents and friends of mentally defective children. This organization, under capable leadership, is doing much to force a general understanding of the nature of mental deficiency and to stimulate efforts to control the pathological causes of mental deficiency and to alleviate the social problems which ensue.

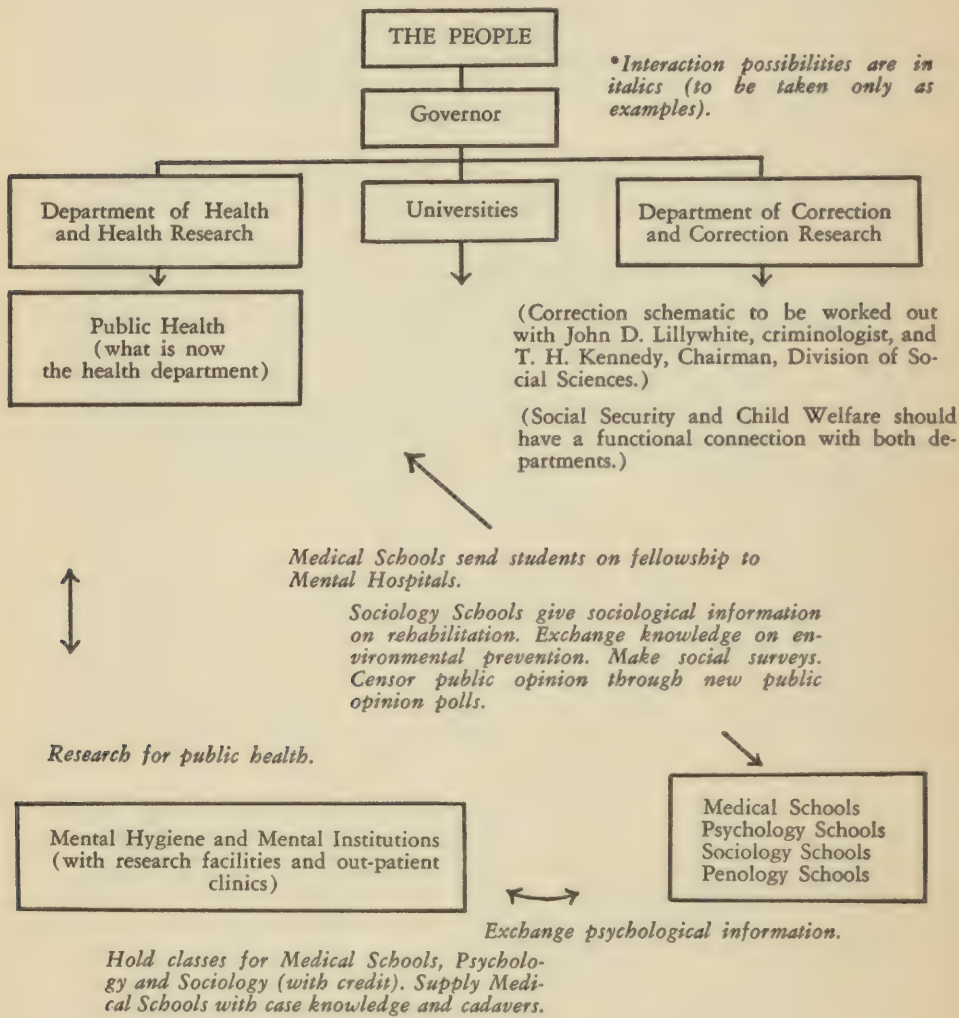
Existing Government: In the State of Washington at the present time there exists, under the People and the Governor, a Department of Institutions. This department, from the nature of its arrangement, must supervise, as though homogeneous, mental, penal, and corrective institutions, as well as other minor charitable institutions. All of these jointly publish their biennial reports. Co-existing with this is a situation where, in separate departments, under the People and the Governor, are public health, social security, child welfare, and public universities.

The Scope of Problems of Mental Health: The problems of mental health are as large as society itself. Since the casualties of mental illness collect in the mental institutions, these institutions become centers for treatment of the whole problem, but other state agencies are vitally affected. Since physical and mental failure accompany old age, they become active factors

in determining policies of social security. Mental illness, in removing individuals from functional society, creates problems involving child welfare. Since most mentally ill recover, there is a problem of readjustment to active society which involves not only governmental agencies but cooperation of the people in general. Since mental illness and deficiencies are subject to prevention, the work of universities and of public health agencies and the cooperation of the public must all be enlisted to adequately meet the problem. Such enlistment involves proper organization, which is the responsibility of government.

A Schematic of Suggested Institutional Government: The House Interim Committee on Institutions on December 13, 1947, called together heads of the mental institutions, along with representatives of the State College and the University, the Health Department, and the State Medical Association, to consider the governmental position of mental hygiene in the State of Washington as it relates to each of these agencies for human betterment. At that time, the following schematic was presented as a tentative solution, and as a stimulus to formulation of a more adequate solution to this problem. The problem having been introduced, a committee consisting of representatives from each major group was to establish a new governmental frame of reference which would recognize functional interdependencies of social agencies and meet the rapid advances of medical science and other sciences dealing with broad social problems.

SUGGESTED DYNAMIC SETUP AIMED AT RESEARCH AND PREVENTION:



Appropriations should be made to allow for extended help from one institution to another as the need for such interaction arises. Statisticians should be made available, along with machinery for mass correlation of factual data.

Appendix A

CARL C.

6-24-47 (EJT)

Mr. and Mrs. C. called at the School at the suggestion, they stated, of Dr. S. N. and Judge S. Mr. and Mrs. C. were a nice-appearing young couple who appeared to have average economical means. They stated they were at their wits end regarding Carl, whose condition is a result of encephalitis at 11 months of age. This left Carl limited mentally and suffering from epileptic seizures. The recent operation performed by Dr. S. N. has left Carl in much worse condition, and the only way in which he can be cared for is to leave him in his crib, where he screams almost constantly. His eyes apparently do not focus, following the operation; consequently, he is unable to walk or to help himself at all.

The C.'s were advised that Carl was not a candidate for admission to the Eastern State Custodial School and were told of an order of transfer, expected momentarily, which would allow the file to be sent to the Western State School, to which Carl would wait admission. Mr. and Mrs. C. were apparently very nervous and said they had sacrificed a great deal to make the trip to eastern Washington. They had not only been advised by Dr. S. N. and Judge S., but they had also been told this by Dr. L., whom Mr. C. said he talked to only recently. When the situation had been explained to Dr. L., he stated that all children under six years of age were the responsibility of E.S.C.S. The C.'s were advised of the waiting list in both institutions, and, yet, were assured that eventually Carl could be admitted and would receive good care. They continued to insist that this would not help their immediate problem and that they simply could not return and continue to live as they had been doing for the past month. The C.'s had a new child, and they assured Worker they would never have had another child, except for the fact that they had been advised by physicians that this would divert their attentions, in part, from Carl, and would give them some stabilization. They now realize that, until Carl is cared for, they cannot give proper care to the new child, and they fear eviction from their home, due to the fact that Carl is so noisy and must be of constant concern to the neighbors.

When they were advised that Washington probably had fewer children admitted than any other state, Mrs. C. replied bitterly that, as long as one child was awaiting admission, it had little of which to be proud. It grieved her to think of others suffering as they were. The discussion continued nearly two hours, during which time Mr. Mason joined the interview and emphasized the fact that Carl was not the responsibility of the E.S.C.S., and under the circumstances, would have to be admitted to Buckley.

A discussion followed regarding the sedative which the C.'s are giving Carl. They were told that, if he were admitted to the School, he would be given sufficient medication to keep him from being noisy, and, yet, they reported that their family physician did not give them enough to keep him quiet. They wondered if, perhaps, he had received so much medication over a period of time that he was becoming immune to its effect. Mr. C. said he had taken so much time away from work that his boss did not want him to return until he was in a better frame of mind, and until something had been done to insure Carl's care elsewhere than in the C.'s home.

The C.'s were obviously distressed to the point of exhaustion, and when they finally realized it would be impossible to effect Carl's admission, they broke down and wept openly. Finally Worker asked if she might telephone the Eastern State Hospital in order to determine what Dr. Levy might suggest as a possible additional sedative.

While Worker was making this telephone call, the C.'s situation was discussed by Mr. Mason with Mrs. Talbott, Matron. It was finally agreed that the situation was most urgent, and also that it would be starting an unfortunate precedent to admit Carl, although this might be a necessity due to the fact that Mrs. C. had made such strong inference that she would not return home with Carl, and made reference several times to the sedatives which she had with her *and which the whole family might consume*. Considering the thought that the family might destroy themselves, it seemed advisable to clear with Olympia and do whatever possible to help the family, which seemed in genuinely desperate straits.

Mr. Mason telephoned Mr. Don Sergeant, Supervisor of Public Institutions, who said he would much appreciate the School's admitting Carl if there was any possibility of doing so. He said he knew that admission to Buckley would be impossible for many months.

Worker reached Dr. Levy by telephone, and he said he could not provide additional sedatives for Carl, unless he was in the institution. He said he could easily understand why physicians in the community did not give the C.'s more sedatives, as they could not be close at hand in order to give emergency aid in case the sedative dosage proved too severe.

Later

Following the above-mentioned brief conference, Mr. Mason and Worker returned to Worker's office and presented the C.'s with the possibility of Carl's admission. When they learned that Carl might stay at the School, both of them broke down and wept even more. Finally Mr. C. regained his composure and took Worker and Mr. Mason to the car where Carl was in bed. He had shaken his bed so much that it had been taped and tied in many places. He was taken to Girls' Hospital and it was explained to the C.'s that he would have to remain there for an indefinite period of time, due to the fact that there was no opening on Monroe Hall, and some fifteen children were awaiting admission for this group. They were advised that this was the first exception of this kind which had taken place at the School since Mr. Mason became Superintendent. They were urged to spend the night in the Spokane area and to return to the School the following day in order that they might see where Carl would eventually live, and in order that they might hear more of the institutional program. (vd)

6-25-46 (EJT)

Mr. and Mrs. C. arrived at the School early and stated they were much more rested and relaxed. They said they could never express their appreciation to the School for what it had done, and desired, if at all possible, to become members of the C.B.L. so that they might help with the over-all institutional program. They also expressed the desire for clarification on the geographical responsibility of the two schools, so that other parents would not be mistakenly advised to come to E.S.C.S., as they had been.

Worker showed the C.'s through the girls' side of the institution and the School Department. They were much impressed and said they found everything cleaner and with more accommodations than they had expected.

They had a long talk with Worker and Mr. Mason again, and gave the necessary preadmission history willingly. They talked of the possibility of Carl's death, and what responsibility they would have in such a case. They said that they would prefer burial to be made in the School Cemetery, and did not desire an elaborate service. They stated they would keep in touch with the institution, and were advised they would receive a letter in a few days telling of Carl's adjustment. They were surprised to learn he had slept the entire night without benefit of additional sedatives. (vd)

BUDDY S.

3-16-43 (EJT)

Mrs. S. and her son, Buddy, called at the institution at the suggestion of Dr. D. A. Barber, Psychologist. They had been in Cheney during the morning, and Dr. Barber

had had an opportunity to make a psychological study of seven-year-old Buddy, who is a spastic child. Mrs. S. stated that she and her husband have separated because of the condition of their boy. He is an only child, and Mr. S. left the situation because he stated that she was devoting too much of her time to the boy's welfare without giving consideration to the fact that he was deficient and would need institutional care. She wept a good deal during the interview, and stated that it was now necessary for her to go to work, and she knew of no answer to her problem but to place the child in an institution. She did recognize that Buddy needed companionship; however, she said she shuddered at the term "institution," especially where it concerned her own boy.

At the present time Mrs. S. is living with her mother, who cares for the child part of the time; however, Mrs. S. said she did not want to leave her mother with responsibility for Buddy indefinitely. Mrs. S. hoped to find work where she was living, but if such was not available there, she stated she would have to go to Spokane.

Mr. Mason, Superintendent, and Social Worker had an opportunity to see Buddy, who is an attractive lad with apparently no vocabulary, although his mother stated he says a few single words. He is well mannered and appears to have been exposed to good training. He obeys simple commands, and does a great deal by way of hand motions. He is an affectionate child, and responds to his mother's suggestions readily. When asked if he liked to ride in an automobile, he clenched his fists and made his hands revolve as though imitating a wheel. If asked to sit in a chair by either his mother or Mr. Mason, he would do so. He has a peculiar manner of using his left hand in aimless motions, most of the time waving it. Mrs. S. stated he was about five years old before he learned to walk; however, he handles himself quite well at the present time. His toilet habits have been established; but, since he is unable to speak, it is more difficult to know, unless one is accustomed to his signs, when he has to go to the bathroom.

Mr. Mason and Social Worker had the feeling that Elm Hall would probably be the place for Buddy. It was explained that this group was extremely overcrowded and that consideration could not be given her child for some time. This had its disturbing effects, since Mrs. S. had finally come to feel she must place her child and now realized it might be a period of time before he could be admitted. She was planning to make a trip to Spokane within the next two weeks, and she hoped to visit the School without the boy at that time, so that she could see it in its entirety and discuss more fully the institutional program. Mrs. S. was advised that she should write two or three days ahead, so that both Worker and Mr. Mason could plan to be at the School. (mp)

4-9-43

Buddy S. was committed to Lakeland Village.

4-20-43

See letter received from Mrs. S. asking how soon Buddy could be admitted to the institution.

See reply to Mrs. S. advising her that Buddy's name had been placed on the waiting list for Elm Hall, but that it would be some time before there would be room for his admission.

6-3-43 (EJT)

Mrs. S., Buddy's mother, called at the School, arriving on the bus about 3:00 p. m. She stated she would like to talk with the Worker and be ready to leave again on the bus at 4:00 p. m. Since Worker was busy with others in her office, she could spend only a few moments with Mrs. S. The interview took place in one of the reception rooms. Mrs. S. said she had had an opportunity to ride to Spokane with some friends and had taken time to come to the School to see if Buddy was any nearer admission. She explained that something had to be done very soon, as her husband had told her she must decide between him and their son. She stated that, at the time of her previous visit to the School, they had been separated; however,

they had obtained a home of their own and had tried all over again to make a success of their marriage. She said they are not happy when they are apart; however, as soon as they begin to live under the same roof, there is constant quarrelling because of the presence of Buddy. Mr. S. insists that she spends too much time with the boy, and when he wants her to himself, they must always consider Buddy first. Mrs. S. said she couldn't imagine how a father could feel this way; however, Worker pointed out that this might be a way of covering the hurt he felt at not having a normal son. Mrs. S. said she thought, too, that it must be because he felt neglected. Worker said people are affected in a great many different ways by having subnormal children. She said there are those who devote their entire lives toward the care of that child, feeling responsibility; however, it was suggested that many people react in the same way that Mr. S. has probably done. They are extremely disappointed and their pride does not allow them to react with sympathy, but rather in the direct opposite of that, even though there may be strong feeling for the child in question.

Mrs. S. said her husband has often mentioned that Buddy's presence in their home is changing her, and that she is not the same girl he married. She said occasionally he does make her so tired she becomes nervous; however, she has tried to devote time to her husband as well as to the boy, even though Buddy does need constant care. Mrs. S. said that there is another woman in the picture who will go out with Mr. S. whenever she is not free to do so, and this makes an even more desperate side to her problem. Worker explained again to Mrs. S. the seriousness of the waiting list and the inability to take children out of turn. It was pointed out that there is another family who have a boy waiting for Elm Hall, and who are in exactly the same situation as the S.'s. Worker said she knew Mrs. S. would not want her boy taken ahead of this child, for example. She said she was asking no favors, but she did want the institution to know of the situation in their home.

Worker asked if it would be possible for either of the grandparents to take the boy for a short period of time, which might allow the S.'s a vacation by themselves. Mrs. S. said her husband was so busy with government work that she thought he would not be free for a vacation; however, she said she had hesitated to place her child with either set of grandparents, since both she and her husband had younger brothers and sisters only a year or so older than Buddy. She thought the effect that Buddy might have on these younger children might be detrimental. It was suggested, however, that a temporary placement in one of the two homes might save her and her husband's home from complete ruin. Worker also mentioned that occasionally the Welfare Department is able to help in finding a temporary boarding home for care. Mrs. S. said she would do what she could, although she admitted she was frankly very discouraged.

Worker asked how long Mr. and Mrs. S. had been married before Buddy was born, thinking that, if they had had a firm basis for marriage, Mr. S. would have undoubtedly shown a greater responsibility for this child. Mrs. S. said she thought therein lay a great deal of the basis for their difficulty, since Buddy was born eight months after they were married. Worker asked Mrs. S. if she thought the marriage would have taken place anyway, and she said that they had gone together for quite a while, and had been planning the marriage despite the pregnancy; nevertheless, she said that she and her husband have really never been alone.

Worker was able to show Mrs. S. Elm Hall before she left, and she had an opportunity to meet and talk with Mr. and Mrs. Cook and Mr. Anderson, attendants at Elm. Worker urged that, if it were at all possible, Mrs. S. persuade her husband to visit the School, since then he might have more interest in being tolerant and patient with his boy until such time as he could be admitted. (mp)

11-7-43

See letter received from Mr. S., Buddy's father, urging his admission and stating that he is in the Army and is expecting to be sent overseas as soon as he completes

his furlough, which he is now spending at home. As Mrs. S. is expecting a baby the latter part of February or the first of March, they are most anxious to have Buddy admitted here.

11-10-43

See copy of letter to Mrs. S. stating that we still do not have a vacancy for Buddy, but that we would notify her as soon as a suitable vacancy occurred.

Appendix B

C O P Y

Rapids, Washington
October 20, 1947

Eastern State Custodial School
Medical Lake, Washington
Dear Mr. Mason:

We wish to bring to your attention the urgency of having our daughter Mary Jane Collins placed in your school at once.

We concede to the fact that this institution may be greatly overcrowded and of other justifiable delays to an earlier commitment in the case of our daughter, but the problem of her presence in our family group has grown to the point where it greatly endangers the normal rearing of our other three children.

Our son Thomas, aged 8, has been a great sufferer in this respect. He is an intelligent, artistic, and imaginative boy, but he has grown moody and listless, he has failed to pass into the third grade; all because of the neighborhood ostracism resulting from the knowledge that his sister is "backward." You are invited to inspect Thomas' school record for a confirmation of our statement. He was subjected to an examination last spring by a school psychiatrist in an attempt to learn the hindrance in the educational development of this child.

Our daughter Louise, aged 4, is completely without playmates of her age because of the continued presence of Mary Jane in the family.

The baby Jean, aged 21 months, is constantly menaced by the unreasonable play on the part of Mary Jane. Recently, Mary Jane has been picking her up and dropping her on the floor or throwing her headfirst into a box containing the children's toys.

Mary Jane's mother has been brought to the point of a great mental strain, to the point where the normal restraint and guidance of the other children is endangered.

Mary Jane's father has been brought to the point of symptoms leading to a nervous breakdown, the loss of a job requiring great responsibility, and the ability to keep the family group intact much longer.

It is urged that you immediately investigate our case.

Sincerely,

Paul M. Collins
Mrs. Paul M. Collins

LAKELAND VILLAGE
Medical Lake, Washington
October 22, 1947

C O P Y

Mr. and Mrs. Paul M. Collins
4252 North Alice Avenue
Rapids, Washington

Dear Mr. and Mrs. Collins:

It is with regret that we must state, in answer to your letter of October 20th, that we still do not have room for Mary Jane here at the school.

Through our contacts with you we have become aware of the very serious

situation Mary Jane presents in your home, and yet, Franklin Hall is already over capacity, with eight girls on the waiting list. There are two girls on this waiting list who have been waiting longer than Mary Jane, all three girls having been committed in 1944.

We cannot see any relief for our urgent cases until such time as the residents of the state convince our legislature that additional buildings are an absolute necessity.

We are wondering if you have approached the Rapids County Welfare Department for temporary relief in caring for Mary Jane. We have no way of knowing, but thought it might be possible that a boarding home would be available to her, even for a few months, in order to ease the trying situation in your home. Vacancies in the school are still created primarily through deaths; consequently, you can see the impossibility of suggesting how long you will still have to wait before Mary Jane can be admitted.

Thank you for your continued cooperation.

Very truly yours,

Eleanor Thompson, Social Worker
L. F. Mason, Superintendent

EJT:dmk

Appendix C

REFERENCES TO STATUTES GOVERNING MENTAL INSTITUTIONS

- (Laws governing mental hospitals may be read in *Remington's Revised Statutes of Washington*, Volume 8; Chapter 1, Sections 6913 through 6920; Chapter 2, Sections 6921 through 6925; Chapter 3, Sections 6926 through 6929; Chapter 4, Sections 6930 through 6953; Chapter 5, Sections 6954 through 6968; Chapter 6, Sections 6969 through 6974; pages 61-88. Supplement to Volume 8, pages 26-30.)
- (Laws governing schools for the mentally deficient may be read in *Remington's Revised Statutes of Washington*, Volume 6; Chapter 9, Sections 4655 through 4679; pages 273-279. Supplement to Volume 6; pages 44-48.)
- (Regarding the Department of Public Institutions, see *Laws of Washington 1947*; Chapter 114, Section 5; page 639.)

